

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 BERNIE MORENO FOR SENATE			
ADDRESS (number and street) PO BOX 340797			
CITY COLUMBUS	STATE OH	ZIP CODE 43234	
2. NAME OF CANDIDATE MORENO, BERNIE, , ,		3. OFFICE SOUGHT (State and District) Senate OH 00	
		4. FEC IDENTIFICATION NUMBER C00837484	
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME DEFEND FREEDOM POLITICAL ACTION COMMITTEE		Name of Employer Date (month, day, year) Amount	
MAILING ADDRESS PO BOX 183		02/29/2024 5000.00	
CITY HUDSON		Transaction ID : TX25190	
STATE WI	ZIP CODE 54016-0183	Occupation	
B. FULL NAME BIEHL, EDDY, , MR.,		Name of Employer Date (month, day, year) Amount	
MAILING ADDRESS 106 CHIPPEWA DRIVE, B-1		02/29/2024 1041.02	
CITY MARIETTA		Transaction ID : TX25312	
STATE OH	ZIP CODE 45750-1263	Occupation INVESTMENTS	
C. FULL NAME BORTZ, MARY, SUSAN, ,		Name of Employer Date (month, day, year) Amount	
MAILING ADDRESS 9005 GIVEN RD.		02/29/2024 3300.00	
CITY CINCINNATI		Transaction ID : TX25314	
STATE OH	ZIP CODE 45243-1149	Occupation HOMEMAKER	
D. FULL NAME BORTZ, MARY, SUSAN, ,		Name of Employer Date (month, day, year) Amount	
MAILING ADDRESS 9005 GIVEN RD.		02/29/2024 3300.00	
CITY CINCINNATI		Transaction ID : TX25315	
STATE OH	ZIP CODE 45243-1149	Occupation HOMEMAKER	
E. FULL NAME COLLINS, EVERETT, , ,		Name of Employer Date (month, day, year) Amount	
MAILING ADDRESS 2732 CALIFORNIA AVENUE		02/29/2024 1000.00	
CITY DAYTON		Transaction ID : TX25191	
STATE OH	ZIP CODE 45419-1912	Occupation RETIRED	
SIGNATURE (optional) KILGORE, PAUL, , ,		DATE 03/01/2024	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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continuation page			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE DERROW, KABLE, , , U.S. 224 FINDLAY OH 45840-		Name of Employer SELF EMPLOYED Transaction ID : TX25316 Occupation CAR DEALER	
		Date (month, day, year) 02/29/2024	
		Amount 1000.00	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE FARR HARRISON, NATALIE, , , 414 TYLER PLACE ALEXANDRIA VA 22302-3309		Name of Employer AVOQ Transaction ID : TX25313 Occupation CONSULTANT	
		Date (month, day, year) 02/29/2024	
		Amount 2000.00	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE HERRING, JAMES, , , 132 E. 72ND ST NEW YORK NY 10021-		Name of Employer GOLDMAN SACHS Transaction ID : TX25317 Occupation PRIVATE BANKING	
		Date (month, day, year) 02/29/2024	
		Amount 1000.00	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE MCNAMARA, NATHAN, , , 2337 GRANDIN ROAD CINCINNATI OH 45208-3309		Name of Employer CHEMED CORPORATION Transaction ID : TX25310 Occupation EXECUTIVE	
		Date (month, day, year) 02/29/2024	
		Amount 1000.00	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE SCULLIN, REBECCA, A., , 5082 SIGNAL HILL LN CINCINNATI OH 45244-3822		Name of Employer XAMASS PARTNERS LLC Transaction ID : TX25318 Occupation GENERAL MANAGER	
		Date (month, day, year) 02/29/2024	
		Amount 1000.00	

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE ZERBE, JOHN, , , 5840 WAYSIDE AVENUE CINCINNATI OH 45230-5134		Name of Employer SELF EMPLOYED Transaction ID : TX25311 Occupation PHYSICIAN	
		Date (month, day, year) 02/29/2024	
		Amount 6000.00	
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	