

# 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>FRIENDS OF NEAL DUNN                                                                                                                 |             |                    |                                                      |                                                                    |
| ADDRESS (number and street) PO BOX 10037                                                                                                                             |             |                    |                                                      |                                                                    |
| CITY<br>TALLAHASSEE                                                                                                                                                  |             | STATE<br>FL        |                                                      | ZIP CODE<br>32302                                                  |
| 2. NAME OF CANDIDATE<br>Dunn, Neal, Patrick, , MD, FACS                                                                                                              |             |                    | 3. OFFICE SOUGHT (State and District)<br>House FL 02 |                                                                    |
| 4. FEC IDENTIFICATION NUMBER<br>C00582304                                                                                                                            |             |                    |                                                      |                                                                    |
| 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>ADVANCED MEDICAL TECHNOLOGY ASSOCIATION PAC (ADVAMED PAC)                                                                                            |             |                    |                                                      | Name of Employer<br><br><br>Transaction ID : TX18068<br>Occupation |
| MAILING ADDRESS<br>1301 PENNSYLVANIA AVE. NW<br>SUITE 400                                                                                                            |             |                    |                                                      |                                                                    |
| CITY<br>WASHINGTON                                                                                                                                                   | STATE<br>DC | ZIP CODE<br>20004- |                                                      |                                                                    |
| Date (month, day, year)<br>10/31/2024                                                                                                                                |             |                    | Amount<br>1000.00                                    |                                                                    |
| B. FULL NAME                                                                                                                                                         |             |                    |                                                      | Name of Employer<br><br><br><br>Occupation                         |
| MAILING ADDRESS                                                                                                                                                      |             |                    |                                                      |                                                                    |
| CITY                                                                                                                                                                 | STATE       | ZIP CODE           |                                                      |                                                                    |
| Date (month, day, year)                                                                                                                                              |             |                    | Amount                                               |                                                                    |
| C. FULL NAME                                                                                                                                                         |             |                    |                                                      | Name of Employer<br><br><br><br>Occupation                         |
| MAILING ADDRESS                                                                                                                                                      |             |                    |                                                      |                                                                    |
| CITY                                                                                                                                                                 | STATE       | ZIP CODE           |                                                      |                                                                    |
| Date (month, day, year)                                                                                                                                              |             |                    | Amount                                               |                                                                    |
| D. FULL NAME                                                                                                                                                         |             |                    |                                                      | Name of Employer<br><br><br><br>Occupation                         |
| MAILING ADDRESS                                                                                                                                                      |             |                    |                                                      |                                                                    |
| CITY                                                                                                                                                                 | STATE       | ZIP CODE           |                                                      |                                                                    |
| Date (month, day, year)                                                                                                                                              |             |                    | Amount                                               |                                                                    |
| E. FULL NAME                                                                                                                                                         |             |                    |                                                      | Name of Employer<br><br><br><br>Occupation                         |
| MAILING ADDRESS                                                                                                                                                      |             |                    |                                                      |                                                                    |
| CITY                                                                                                                                                                 | STATE       | ZIP CODE           |                                                      |                                                                    |
| Date (month, day, year)                                                                                                                                              |             |                    | Amount                                               |                                                                    |
| SIGNATURE (optional)<br>CROSBY, CALEB, , ,                                                                                                                           |             |                    | DATE<br>11/02/2024                                   |                                                                    |
| 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.

**FEC FORM 6**  
(Revised 03/2016)