

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 Nancy Lacore for Congress			
ADDRESS (number and street) 1000 Palm Blvd PO Box 1006			
CITY Isle of Palms	STATE SC	ZIP CODE 29451	
2. NAME OF CANDIDATE Lacore, Nancy, , ,		3. OFFICE SOUGHT (State and District) House SC 01	
4. FEC IDENTIFICATION NUMBER C00935379			
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 Dennison, Robert, , ,		Name of Employer Self Employed	
MAILING ADDRESS 2411 Trail Of The Madrones		Transaction ID : 9536173	
CITY Austin	STATE TX	ZIP CODE 78746-2338	Occupation Insurance Attorney
B. FULL NAME Dennison, Robert, , ,		Name of Employer Self Employed	
MAILING ADDRESS 2411 Trail Of The Madrones		Transaction ID : 9536174	
CITY Austin	STATE TX	ZIP CODE 78746-2338	Occupation Insurance Attorney
C. FULL NAME Katz, Laura, , ,		Name of Employer Helaina	
MAILING ADDRESS 60 W 66Th St Apt 30B		Transaction ID : 9536171	
CITY New York	STATE NY	ZIP CODE 10023-6220	Occupation CEO
D. FULL NAME Katz, Laura, , ,		Name of Employer Helaina	
MAILING ADDRESS 60 W 66Th St Apt 30B		Transaction ID : 9536172	
CITY New York	STATE NY	ZIP CODE 10023-6220	Occupation CEO
E. FULL NAME LIFTOFF PAC		Name of Employer	
MAILING ADDRESS PO Box 33400		Transaction ID : 9548650	
CITY Phoenix	STATE AZ	ZIP CODE 85067-3400	Occupation
SIGNATURE (optional) Pettersen, Jay, , ,		DATE 06/09/2026	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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CITY, STATE, and ZIP CODE Isle of Palms SC 29451			
2. NAME OF CANDIDATE Lacore, Nancy, , ,	3. OFFICE SOUGHT (State and District) House SC 01	4. FEC IDENTIFICATION NUMBER C00935379	

5. IS THIS AN AMENDMENT? NO, THIS IS A NEW FILING YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____

A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
VOTEVETS PO Box 11293 Portland OR 97211-0293	Transaction ID : 9548642 Occupation	06/08/2026	5000.00
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		