

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 MCCORMICK																						
ADDRESS (number and street) PO BOX 134																						
CITY SUWANEE		STATE GA		ZIP CODE 30024-0002																		
2. NAME OF CANDIDATE MCCORMICK, RICHARD, DEAN, DR.,			3. OFFICE SOUGHT (State and District) House GA 06																			
4. FEC IDENTIFICATION NUMBER C00706747																						
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> A. FULL NAME WILLOX, KAREN, , , </td> <td> Name of Employer RETIRED </td> <td> Date (month, day, year) 06/14/2022 </td> <td> Amount 2900.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 11330 GOLFVIEW LANE </td> <td colspan="2"> Transaction ID : 6E9FCC005AD824BC </td> <td></td> </tr> <tr> <td> CITY NORTH PALM BEACH </td> <td> STATE FL </td> <td> ZIP CODE 33408 </td> <td colspan="3"> Occupation RETIRED </td> </tr> </table>					A. FULL NAME WILLOX, KAREN, , ,			Name of Employer RETIRED	Date (month, day, year) 06/14/2022	Amount 2900.00	MAILING ADDRESS 11330 GOLFVIEW LANE			Transaction ID : 6E9FCC005AD824BC			CITY NORTH PALM BEACH	STATE FL	ZIP CODE 33408	Occupation RETIRED		
A. FULL NAME WILLOX, KAREN, , ,			Name of Employer RETIRED	Date (month, day, year) 06/14/2022	Amount 2900.00																	
MAILING ADDRESS 11330 GOLFVIEW LANE			Transaction ID : 6E9FCC005AD824BC																			
CITY NORTH PALM BEACH	STATE FL	ZIP CODE 33408	Occupation RETIRED																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> B. FULL NAME LAIL, SLADE, W, , </td> <td> Name of Employer SELF </td> <td> Date (month, day, year) 06/14/2022 </td> <td> Amount 2900.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 3415 HWY 120 </td> <td colspan="2"> Transaction ID : 6568B255052CB4BD8 </td> <td></td> </tr> <tr> <td> CITY DULUTH </td> <td> STATE GA </td> <td> ZIP CODE 30096 </td> <td colspan="3"> Occupation DENTIST </td> </tr> </table>					B. FULL NAME LAIL, SLADE, W, ,			Name of Employer SELF	Date (month, day, year) 06/14/2022	Amount 2900.00	MAILING ADDRESS 3415 HWY 120			Transaction ID : 6568B255052CB4BD8			CITY DULUTH	STATE GA	ZIP CODE 30096	Occupation DENTIST		
B. FULL NAME LAIL, SLADE, W, ,			Name of Employer SELF	Date (month, day, year) 06/14/2022	Amount 2900.00																	
MAILING ADDRESS 3415 HWY 120			Transaction ID : 6568B255052CB4BD8																			
CITY DULUTH	STATE GA	ZIP CODE 30096	Occupation DENTIST																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> C. FULL NAME FROST, KATIE, , , </td> <td> Name of Employer SELF </td> <td> Date (month, day, year) 06/14/2022 </td> <td> Amount 2900.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS PO BOX 2567 </td> <td colspan="2"> Transaction ID : 6E5343A0F22464CE8 </td> <td></td> </tr> <tr> <td> CITY NEWNAN </td> <td> STATE GA </td> <td> ZIP CODE 30264 </td> <td colspan="3"> Occupation CONSULTANT </td> </tr> </table>					C. FULL NAME FROST, KATIE, , ,			Name of Employer SELF	Date (month, day, year) 06/14/2022	Amount 2900.00	MAILING ADDRESS PO BOX 2567			Transaction ID : 6E5343A0F22464CE8			CITY NEWNAN	STATE GA	ZIP CODE 30264	Occupation CONSULTANT		
C. FULL NAME FROST, KATIE, , ,			Name of Employer SELF	Date (month, day, year) 06/14/2022	Amount 2900.00																	
MAILING ADDRESS PO BOX 2567			Transaction ID : 6E5343A0F22464CE8																			
CITY NEWNAN	STATE GA	ZIP CODE 30264	Occupation CONSULTANT																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> D. FULL NAME BREEDLOVE, KEITH, R, , </td> <td> Name of Employer BREEDLOVE COMPANIES </td> <td> Date (month, day, year) 06/14/2022 </td> <td> Amount 2500.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS PO BOX 605 </td> <td colspan="2"> Transaction ID : 6DDC5EFE2ED69403 </td> <td></td> </tr> <tr> <td> CITY BUFORD </td> <td> STATE GA </td> <td> ZIP CODE 30515 </td> <td colspan="3"> Occupation BUSINESS OWNER </td> </tr> </table>					D. FULL NAME BREEDLOVE, KEITH, R, ,			Name of Employer BREEDLOVE COMPANIES	Date (month, day, year) 06/14/2022	Amount 2500.00	MAILING ADDRESS PO BOX 605			Transaction ID : 6DDC5EFE2ED69403			CITY BUFORD	STATE GA	ZIP CODE 30515	Occupation BUSINESS OWNER		
D. FULL NAME BREEDLOVE, KEITH, R, ,			Name of Employer BREEDLOVE COMPANIES	Date (month, day, year) 06/14/2022	Amount 2500.00																	
MAILING ADDRESS PO BOX 605			Transaction ID : 6DDC5EFE2ED69403																			
CITY BUFORD	STATE GA	ZIP CODE 30515	Occupation BUSINESS OWNER																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> E. FULL NAME FROST V, EDWIN, , , </td> <td> Name of Employer FIRST LIBERTY </td> <td> Date (month, day, year) 06/14/2022 </td> <td> Amount 2900.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS PO BOX 2567 </td> <td colspan="2"> Transaction ID : 604133A5767CE40C9 </td> <td></td> </tr> <tr> <td> CITY NEWNAN </td> <td> STATE GA </td> <td> ZIP CODE 30264 </td> <td colspan="3"> Occupation LOAN OFFICER </td> </tr> </table>					E. FULL NAME FROST V, EDWIN, , ,			Name of Employer FIRST LIBERTY	Date (month, day, year) 06/14/2022	Amount 2900.00	MAILING ADDRESS PO BOX 2567			Transaction ID : 604133A5767CE40C9			CITY NEWNAN	STATE GA	ZIP CODE 30264	Occupation LOAN OFFICER		
E. FULL NAME FROST V, EDWIN, , ,			Name of Employer FIRST LIBERTY	Date (month, day, year) 06/14/2022	Amount 2900.00																	
MAILING ADDRESS PO BOX 2567			Transaction ID : 604133A5767CE40C9																			
CITY NEWNAN	STATE GA	ZIP CODE 30264	Occupation LOAN OFFICER																			
SIGNATURE (optional) CASAS, ANN, , ,				DATE 06/17/2022	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																	
[Electronically Filed]																						

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)

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 MCCORMICK			
ADDRESS (number and street) PO BOX 134			
CITY, STATE, and ZIP CODE SUWANEE GA 30024-0002			
2. NAME OF CANDIDATE MCCORMICK, RICHARD, DEAN, DR.,		3. OFFICE SOUGHT (State and District) House GA 06	
		4. FEC IDENTIFICATION NUMBER C00706747	
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			
WILLOX, NORMAN, , , 11330 GOLFVIEW LANE NORTH PALM BEACH FL 33408		Name of Employer BLUEWATER INTERNATIONAL Transaction ID : 6CE6F777A34284A519FC Occupation MANAGING PARTNER	
		Date (month, day, year) 06/14/2022	
		Amount 2900.00	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
SMITH, GARY, , MR., 5120 W PRICE RD SUWANEE GA 30024		Name of Employer QTD Transaction ID : 6E3214AC5A45844DE88E Occupation OWNER	
		Date (month, day, year) 06/14/2022	
		Amount 1000.00	
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