

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 DAN FRANZESE FOR CONGRESS																					
ADDRESS (number and street) PO BOX 2008																					
CITY PALM BEACH	STATE FL	ZIP CODE 33407																			
2. NAME OF CANDIDATE Franzese, Daniel, J, ,		3. OFFICE SOUGHT (State and District) House FL 22																			
4. FEC IDENTIFICATION NUMBER C00780056																					
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" style="padding: 5px;"> A. FULL NAME Gordon, John, , , </td> <td style="padding: 5px;"> Name of Employer Owner </td> <td style="padding: 5px;"> Date (month, day, year) 10/28/2022 </td> <td style="padding: 5px;"> Amount 1000.00 </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> MAILING ADDRESS 3914 The Highlands, NW </td> <td colspan="2" style="padding: 5px;"> Transaction ID : F6.6088 </td> <td></td> </tr> <tr> <td style="padding: 5px;"> CITY Atlanta </td> <td style="padding: 5px;"> STATE GA </td> <td style="padding: 5px;"> ZIP CODE 30327 </td> <td colspan="2" style="padding: 5px;"> Occupation Gdp </td> <td></td> </tr> </table>				A. FULL NAME Gordon, John, , ,			Name of Employer Owner	Date (month, day, year) 10/28/2022	Amount 1000.00	MAILING ADDRESS 3914 The Highlands, NW			Transaction ID : F6.6088			CITY Atlanta	STATE GA	ZIP CODE 30327	Occupation Gdp		
A. FULL NAME Gordon, John, , ,			Name of Employer Owner	Date (month, day, year) 10/28/2022	Amount 1000.00																
MAILING ADDRESS 3914 The Highlands, NW			Transaction ID : F6.6088																		
CITY Atlanta	STATE GA	ZIP CODE 30327	Occupation Gdp																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> B. FULL NAME </td> <td style="padding: 5px;"> Name of Employer </td> <td style="padding: 5px;"> Date (month, day, year) </td> <td style="padding: 5px;"> Amount </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> MAILING ADDRESS </td> <td colspan="2"></td> <td></td> </tr> <tr> <td style="padding: 5px;"> CITY </td> <td style="padding: 5px;"> STATE </td> <td style="padding: 5px;"> ZIP CODE </td> <td colspan="2" style="padding: 5px;"> Occupation </td> <td></td> </tr> </table>				B. FULL NAME			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS						CITY	STATE	ZIP CODE	Occupation		
B. FULL NAME			Name of Employer	Date (month, day, year)	Amount																
MAILING ADDRESS																					
CITY	STATE	ZIP CODE	Occupation																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> C. FULL NAME </td> <td style="padding: 5px;"> Name of Employer </td> <td style="padding: 5px;"> Date (month, day, year) </td> <td style="padding: 5px;"> Amount </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> MAILING ADDRESS </td> <td colspan="2"></td> <td></td> </tr> <tr> <td style="padding: 5px;"> CITY </td> <td style="padding: 5px;"> STATE </td> <td style="padding: 5px;"> ZIP CODE </td> <td colspan="2" style="padding: 5px;"> Occupation </td> <td></td> </tr> </table>				C. FULL NAME			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS						CITY	STATE	ZIP CODE	Occupation		
C. FULL NAME			Name of Employer	Date (month, day, year)	Amount																
MAILING ADDRESS																					
CITY	STATE	ZIP CODE	Occupation																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> D. FULL NAME </td> <td style="padding: 5px;"> Name of Employer </td> <td style="padding: 5px;"> Date (month, day, year) </td> <td style="padding: 5px;"> Amount </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> MAILING ADDRESS </td> <td colspan="2"></td> <td></td> </tr> <tr> <td style="padding: 5px;"> CITY </td> <td style="padding: 5px;"> STATE </td> <td style="padding: 5px;"> ZIP CODE </td> <td colspan="2" style="padding: 5px;"> Occupation </td> <td></td> </tr> </table>				D. FULL NAME			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS						CITY	STATE	ZIP CODE	Occupation		
D. FULL NAME			Name of Employer	Date (month, day, year)	Amount																
MAILING ADDRESS																					
CITY	STATE	ZIP CODE	Occupation																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> E. FULL NAME </td> <td style="padding: 5px;"> Name of Employer </td> <td style="padding: 5px;"> Date (month, day, year) </td> <td style="padding: 5px;"> Amount </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> MAILING ADDRESS </td> <td colspan="2"></td> <td></td> </tr> <tr> <td style="padding: 5px;"> CITY </td> <td style="padding: 5px;"> STATE </td> <td style="padding: 5px;"> ZIP CODE </td> <td colspan="2" style="padding: 5px;"> Occupation </td> <td></td> </tr> </table>				E. FULL NAME			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS						CITY	STATE	ZIP CODE	Occupation		
E. FULL NAME			Name of Employer	Date (month, day, year)	Amount																
MAILING ADDRESS																					
CITY	STATE	ZIP CODE	Occupation																		
SIGNATURE (optional) Kiger, Robert, , ,			DATE 10/30/2022		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)