

# 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.

|                                                                                                                                                                             |  |                    |                                                             |                                                                                                         |                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| <b>1. NAME OF COMMITTEE IN FULL</b><br>LAUREL LEE FOR CONGRESS, INC.                                                                                                        |  |                    |                                                             |                                                                                                         |                                                  |
| <b>ADDRESS</b> (number and street) P.O. BOX 47556                                                                                                                           |  |                    |                                                             |                                                                                                         |                                                  |
| <b>CITY</b><br>TAMPA                                                                                                                                                        |  | <b>STATE</b><br>FL |                                                             | <b>ZIP CODE</b><br>33646                                                                                |                                                  |
| <b>2. NAME OF CANDIDATE</b><br>LEE, LAUREL, , ,                                                                                                                             |  |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House FL 15 |                                                                                                         | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00815373 |
| <b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____ |  |                    |                                                             |                                                                                                         |                                                  |
| <b>A. FULL NAME</b><br>AT&T INC. EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE (AT&T EMPLOYEE FEDERAL PAC)                                                                    |  |                    |                                                             | <b>Name of Employer</b><br><br><b>Date (month, day, year)</b><br>10/28/2024<br><b>Amount</b><br>2000.00 |                                                  |
| <b>MAILING ADDRESS</b><br>208 S. AKARD STREET<br>SUITE 1812<br>CITY<br>DALLAS<br>STATE<br>TX<br>ZIP CODE<br>75202                                                           |  |                    |                                                             | <b>Transaction ID : F6.15495</b><br><b>Occupation</b>                                                   |                                                  |
| <b>B. FULL NAME</b>                                                                                                                                                         |  |                    |                                                             | <b>Name of Employer</b>                                                                                 |                                                  |
| <b>MAILING ADDRESS</b>                                                                                                                                                      |  |                    |                                                             | <b>Date (month, day, year)</b>                                                                          |                                                  |
| <b>CITY</b>                                                                                                                                                                 |  |                    |                                                             | <b>Amount</b>                                                                                           |                                                  |
| <b>STATE</b>                                                                                                                                                                |  |                    |                                                             | <b>Occupation</b>                                                                                       |                                                  |
| <b>ZIP CODE</b>                                                                                                                                                             |  |                    |                                                             |                                                                                                         |                                                  |
| <b>C. FULL NAME</b>                                                                                                                                                         |  |                    |                                                             | <b>Name of Employer</b>                                                                                 |                                                  |
| <b>MAILING ADDRESS</b>                                                                                                                                                      |  |                    |                                                             | <b>Date (month, day, year)</b>                                                                          |                                                  |
| <b>CITY</b>                                                                                                                                                                 |  |                    |                                                             | <b>Amount</b>                                                                                           |                                                  |
| <b>STATE</b>                                                                                                                                                                |  |                    |                                                             | <b>Occupation</b>                                                                                       |                                                  |
| <b>ZIP CODE</b>                                                                                                                                                             |  |                    |                                                             |                                                                                                         |                                                  |
| <b>D. FULL NAME</b>                                                                                                                                                         |  |                    |                                                             | <b>Name of Employer</b>                                                                                 |                                                  |
| <b>MAILING ADDRESS</b>                                                                                                                                                      |  |                    |                                                             | <b>Date (month, day, year)</b>                                                                          |                                                  |
| <b>CITY</b>                                                                                                                                                                 |  |                    |                                                             | <b>Amount</b>                                                                                           |                                                  |
| <b>STATE</b>                                                                                                                                                                |  |                    |                                                             | <b>Occupation</b>                                                                                       |                                                  |
| <b>ZIP CODE</b>                                                                                                                                                             |  |                    |                                                             |                                                                                                         |                                                  |
| <b>E. FULL NAME</b>                                                                                                                                                         |  |                    |                                                             | <b>Name of Employer</b>                                                                                 |                                                  |
| <b>MAILING ADDRESS</b>                                                                                                                                                      |  |                    |                                                             | <b>Date (month, day, year)</b>                                                                          |                                                  |
| <b>CITY</b>                                                                                                                                                                 |  |                    |                                                             | <b>Amount</b>                                                                                           |                                                  |
| <b>STATE</b>                                                                                                                                                                |  |                    |                                                             | <b>Occupation</b>                                                                                       |                                                  |
| <b>ZIP CODE</b>                                                                                                                                                             |  |                    |                                                             |                                                                                                         |                                                  |
| <b>SIGNATURE (optional)</b><br>CRATE, BRADLEY, , ,                                                                                                                          |  |                    |                                                             | <b>DATE</b><br>10/30/2024                                                                               |                                                  |
| 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)