

# 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>Dwight Evans for Congress                                                                                                               |                    |                                                             |                                                                                                                                                                |
| <b>ADDRESS</b> (number and street) PO Box 6578                                                                                                                                 |                    |                                                             |                                                                                                                                                                |
| <b>CITY</b><br>Philadelphia                                                                                                                                                    | <b>STATE</b><br>PA | <b>ZIP CODE</b><br>19138                                    |                                                                                                                                                                |
| <b>2. NAME OF CANDIDATE</b><br>Evans, Dwight, , ,                                                                                                                              |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House PA 03 |                                                                                                                                                                |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00591065                                                                                                                               |                    |                                                             |                                                                                                                                                                |
| <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>Gridiron-PAC                                                                                                                                            |                    |                                                             |                                                                                                                                                                |
| <b>MAILING ADDRESS</b><br>345 Park Ave                                                                                                                                         |                    | Name of Employer                                            | Date (month, day, year)<br>11/05/2022                                                                                                                          |
| <b>CITY</b><br>New York                                                                                                                                                        | <b>STATE</b><br>NY | <b>ZIP CODE</b><br>10154-0004                               | Amount<br>1000.00                                                                                                                                              |
| <b>Transaction ID : 17315392</b>                                                                                                                                               |                    | Occupation                                                  |                                                                                                                                                                |
| <b>B. FULL NAME</b><br>Norfolk Southern Corporation Good Government Fund                                                                                                       |                    |                                                             |                                                                                                                                                                |
| <b>MAILING ADDRESS</b><br>3 Commercial Pl                                                                                                                                      |                    | Name of Employer                                            | Date (month, day, year)<br>11/05/2022                                                                                                                          |
| <b>CITY</b><br>Norfolk                                                                                                                                                         | <b>STATE</b><br>VA | <b>ZIP CODE</b><br>23510-2108                               | Amount<br>2000.00                                                                                                                                              |
| <b>Transaction ID : 17315381</b>                                                                                                                                               |                    | Occupation                                                  |                                                                                                                                                                |
| <b>C. FULL NAME</b><br>Wells Fargo & Company Employees Good Government Federal Fund II                                                                                         |                    |                                                             |                                                                                                                                                                |
| <b>MAILING ADDRESS</b><br>550 S 4th St<br>Fl 10                                                                                                                                |                    | Name of Employer                                            | Date (month, day, year)<br>11/05/2022                                                                                                                          |
| <b>CITY</b><br>Minneapolis                                                                                                                                                     | <b>STATE</b><br>MN | <b>ZIP CODE</b><br>55415-1529                               | Amount<br>2000.00                                                                                                                                              |
| <b>Transaction ID : 17315395</b>                                                                                                                                               |                    | Occupation                                                  |                                                                                                                                                                |
| <b>D. FULL NAME</b><br>                                                                                                                                                        |                    |                                                             |                                                                                                                                                                |
| <b>MAILING ADDRESS</b><br>                                                                                                                                                     |                    | Name of Employer                                            | Date (month, day, year)                                                                                                                                        |
| <b>CITY</b>                                                                                                                                                                    | <b>STATE</b>       | <b>ZIP CODE</b>                                             | Amount                                                                                                                                                         |
| <b>Transaction ID</b>                                                                                                                                                          |                    | Occupation                                                  |                                                                                                                                                                |
| <b>E. FULL NAME</b><br>                                                                                                                                                        |                    |                                                             |                                                                                                                                                                |
| <b>MAILING ADDRESS</b><br>                                                                                                                                                     |                    | Name of Employer                                            | Date (month, day, year)                                                                                                                                        |
| <b>CITY</b>                                                                                                                                                                    | <b>STATE</b>       | <b>ZIP CODE</b>                                             | Amount                                                                                                                                                         |
| <b>Transaction ID</b>                                                                                                                                                          |                    | Occupation                                                  |                                                                                                                                                                |
| <b>SIGNATURE (optional)</b><br>Lawton, Mary, , ,                                                                                                                               |                    | <b>DATE</b><br>11/07/2022                                   | <b>For further information contact:</b><br>Federal Election Commission<br>999 E Street, NW, Washington, DC 20463<br>Toll Free 800-424-9530, Local 202-694-1100 |
| <b>[Electronically Filed]</b>                                                                                                                                                  |                    |                                                             |                                                                                                                                                                |

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)