

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 DR JOHN JOYCE FOR CONGRESS																															
ADDRESS (number and street) 1002 LOGAN BLVD STE 114 #237																															
CITY ALTOONA		STATE PA		ZIP CODE 16602-4067																											
2. NAME OF CANDIDATE JOYCE, JOHN, , ,			3. OFFICE SOUGHT (State and District) House PA 13																												
4. FEC IDENTIFICATION NUMBER C00674259																															
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 HOFFART, STEVEN, , , </td> <td colspan="2"> Name of Employer MAGNOLIA PHARMACY </td> <td colspan="2"> Date (month, day, year) 10/21/2022 </td> <td colspan="2"> Amount 1500.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 15208 MOONLIGHT TRL </td> <td colspan="2"> Transaction ID : 6A4FF7805486B4651 </td> <td colspan="2" rowspan="2"></td> <td colspan="2" rowspan="2"></td> </tr> <tr> <td> CITY CONROE </td> <td> STATE TX </td> <td> ZIP CODE 77384-3540 </td> <td colspan="2"> Occupation PHARMACIST </td> </tr> </table>					A. FULL NAME HOFFART, STEVEN, , ,			Name of Employer MAGNOLIA PHARMACY		Date (month, day, year) 10/21/2022		Amount 1500.00		MAILING ADDRESS 15208 MOONLIGHT TRL			Transaction ID : 6A4FF7805486B4651						CITY CONROE	STATE TX	ZIP CODE 77384-3540	Occupation PHARMACIST					
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SIGNATURE (optional) KILGORE, PAUL, , ,				DATE 10/21/2022		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]																															

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FEC FORM 6
(Revised 03/2016)