

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 Guthrie for Congress				
ADDRESS (number and street) PO Box 22401				
CITY Louisville	STATE KY	ZIP CODE 40252		
2. NAME OF CANDIDATE Guthrie, S., Brett, HON.,		3. OFFICE SOUGHT (State and District) House KY 02		4. FEC IDENTIFICATION NUMBER C00445023
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____				
A. FULL NAME Hermance, Erin, , ,		Name of Employer Exelixis		Date (month, day, year) 10/19/2024
MAILING ADDRESS 3731 48th Street Northwest		Transaction ID : F65-137430		Amount 1000.00
CITY Washington	STATE DC	ZIP CODE 20016	Occupation Government Affairs	
B. FULL NAME Newell, William, , ,		Name of Employer Sutro Biopharma		Date (month, day, year) 10/19/2024
MAILING ADDRESS 205 Bayswater Ave		Transaction ID : F65-137438		Amount 1000.00
CITY Burlingame	STATE CA	ZIP CODE 94010	Occupation Executive	
C. FULL NAME Omilana, Adeyemi, , ,		Name of Employer Fireside Compounding Pharmacy		Date (month, day, year) 10/19/2024
MAILING ADDRESS 74600 Old Prospector Trl		Transaction ID : F65-137437		Amount 1561.52
CITY Palm Desert	STATE CA	ZIP CODE 92260	Occupation Pharmacist	
D. FULL NAME Patel, Gopesh, , ,		Name of Employer Vls Pharmacy Inc.		Date (month, day, year) 10/19/2024
MAILING ADDRESS 12 East Street		Transaction ID : F65-137427		Amount 3300.00
CITY New Hyde Park	STATE NY	ZIP CODE 11040	Occupation Pharmacist	
E. FULL NAME Schwarzman, Christine, , ,		Name of Employer Retired		Date (month, day, year) 10/19/2024
MAILING ADDRESS 740 Park Ave		Transaction ID : F65-137429		Amount 3300.00
CITY New York	STATE NY	ZIP CODE 10154	Occupation Retired	
SIGNATURE (optional) Price, Kaylee, , ,			DATE 10/21/2024	For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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FEC FORM 6
(Revised 03/2016)