

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<br>Jonathan Nez for Congress                                                                                                               |  |             |                                                      |                    |
| ADDRESS (number and street) PO Box 1854                                                                                                                                 |  |             |                                                      |                    |
| CITY<br>Flagstaff                                                                                                                                                       |  | STATE<br>AZ |                                                      | ZIP CODE<br>86002  |
| 2. NAME OF CANDIDATE<br>Nez, Jonathan, , ,                                                                                                                              |  |             | 3. OFFICE SOUGHT (State and District)<br>House AZ 02 |                    |
| 4. FEC IDENTIFICATION NUMBER<br>C00853473                                                                                                                               |  |             |                                                      |                    |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |  |             |                                                      |                    |
| A. FULL NAME<br>Larimer, Carol, A., ,                                                                                                                                   |  |             | Name of Employer<br>Not Employed                     |                    |
| MAILING ADDRESS<br>961 Old Farm Rd                                                                                                                                      |  |             | Date (month, day, year)<br>07/17/2024                |                    |
| CITY<br>Columbus                                                                                                                                                        |  |             | Amount<br>1000.00                                    |                    |
| STATE<br>OH                                                                                                                                                             |  |             | Transaction ID : CDR-00000000022893                  |                    |
| ZIP CODE<br>43213                                                                                                                                                       |  |             | Occupation<br>Retired                                |                    |
| B. FULL NAME<br>Gordon, Kathleen, , ,                                                                                                                                   |  |             | Name of Employer<br>Not Employed                     |                    |
| MAILING ADDRESS<br>810 S Fleming Rd                                                                                                                                     |  |             | Date (month, day, year)<br>07/17/2024                |                    |
| CITY<br>Bull Valley                                                                                                                                                     |  |             | Amount<br>3300.00                                    |                    |
| STATE<br>IL                                                                                                                                                             |  |             | Transaction ID : CDR-00000000022908                  |                    |
| ZIP CODE<br>60098                                                                                                                                                       |  |             | Occupation<br>Not Employed                           |                    |
| C. FULL NAME                                                                                                                                                            |  |             | Name of Employer                                     |                    |
| MAILING ADDRESS                                                                                                                                                         |  |             | Date (month, day, year)                              |                    |
| CITY                                                                                                                                                                    |  |             | Amount                                               |                    |
| STATE                                                                                                                                                                   |  |             | Transaction ID                                       |                    |
| ZIP CODE                                                                                                                                                                |  |             | Occupation                                           |                    |
| D. FULL NAME                                                                                                                                                            |  |             | Name of Employer                                     |                    |
| MAILING ADDRESS                                                                                                                                                         |  |             | Date (month, day, year)                              |                    |
| CITY                                                                                                                                                                    |  |             | Amount                                               |                    |
| STATE                                                                                                                                                                   |  |             | Transaction ID                                       |                    |
| ZIP CODE                                                                                                                                                                |  |             | Occupation                                           |                    |
| E. FULL NAME                                                                                                                                                            |  |             | Name of Employer                                     |                    |
| MAILING ADDRESS                                                                                                                                                         |  |             | Date (month, day, year)                              |                    |
| CITY                                                                                                                                                                    |  |             | Amount                                               |                    |
| STATE                                                                                                                                                                   |  |             | Transaction ID                                       |                    |
| ZIP CODE                                                                                                                                                                |  |             | Occupation                                           |                    |
| SIGNATURE (optional)<br>Phefelia, Nez, , ,                                                                                                                              |  |             |                                                      | DATE<br>07/19/2024 |
| For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov                                                                   |  |             |                                                      |                    |

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