

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 Josh Hawley for Senate																					
ADDRESS (number and street) PO BOX 31476																					
CITY ST LOUIS		STATE MO		ZIP CODE 63131																	
2. NAME OF CANDIDATE Hawley, Joshua, David, Sen,			3. OFFICE SOUGHT (State and District) Senate MO																		
4. FEC IDENTIFICATION NUMBER C00652727																					
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 SMART TD PAC </td> <td colspan="2"> Name of Employer </td> <td rowspan="3"> Date (month, day, year) 11/02/2024 </td> <td rowspan="3"> Amount 2500.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 6060 ROCKSIDE WOODS BLVD N STE 325 </td> <td colspan="2"> Transaction ID : TX795778 </td> </tr> <tr> <td> CITY INDEPENDENCE </td> <td> STATE OH </td> <td> ZIP CODE 44131-2378 </td> <td colspan="2"> Occupation </td> </tr> </table>					A. FULL NAME SMART TD PAC			Name of Employer		Date (month, day, year) 11/02/2024	Amount 2500.00	MAILING ADDRESS 6060 ROCKSIDE WOODS BLVD N STE 325			Transaction ID : TX795778		CITY INDEPENDENCE	STATE OH	ZIP CODE 44131-2378	Occupation	
A. FULL NAME SMART TD PAC			Name of Employer		Date (month, day, year) 11/02/2024	Amount 2500.00															
MAILING ADDRESS 6060 ROCKSIDE WOODS BLVD N STE 325			Transaction ID : TX795778																		
CITY INDEPENDENCE	STATE OH	ZIP CODE 44131-2378	Occupation																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> B. FULL NAME NATIONAL BEER WHOLESALERS ASSOCIATION </td> <td colspan="2"> Name of Employer </td> <td rowspan="3"> Date (month, day, year) 11/02/2024 </td> <td rowspan="3"> Amount 2500.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 1101 KING STREET SUITE 600 </td> <td colspan="2"> Transaction ID : TX795783 </td> </tr> <tr> <td> CITY ALEXANDRIA </td> <td> STATE VA </td> <td> ZIP CODE 22314-2965 </td> <td colspan="2"> Occupation </td> </tr> </table>					B. FULL NAME NATIONAL BEER WHOLESALERS ASSOCIATION			Name of Employer		Date (month, day, year) 11/02/2024	Amount 2500.00	MAILING ADDRESS 1101 KING STREET SUITE 600			Transaction ID : TX795783		CITY ALEXANDRIA	STATE VA	ZIP CODE 22314-2965	Occupation	
B. FULL NAME NATIONAL BEER WHOLESALERS ASSOCIATION			Name of Employer		Date (month, day, year) 11/02/2024	Amount 2500.00															
MAILING ADDRESS 1101 KING STREET SUITE 600			Transaction ID : TX795783																		
CITY ALEXANDRIA	STATE VA	ZIP CODE 22314-2965	Occupation																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> C. FULL NAME </td> <td colspan="2"> Name of Employer </td> <td rowspan="3"> Date (month, day, year) </td> <td rowspan="3"> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td colspan="2"> </td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td colspan="2"> Occupation </td> </tr> </table>					C. FULL NAME			Name of Employer		Date (month, day, year)	Amount	MAILING ADDRESS					CITY	STATE	ZIP CODE	Occupation	
C. FULL NAME			Name of Employer		Date (month, day, year)	Amount															
MAILING ADDRESS																					
CITY	STATE	ZIP CODE	Occupation																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> D. FULL NAME </td> <td colspan="2"> Name of Employer </td> <td rowspan="3"> Date (month, day, year) </td> <td rowspan="3"> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td colspan="2"> </td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td colspan="2"> Occupation </td> </tr> </table>					D. FULL NAME			Name of Employer		Date (month, day, year)	Amount	MAILING ADDRESS					CITY	STATE	ZIP CODE	Occupation	
D. FULL NAME			Name of Employer		Date (month, day, year)	Amount															
MAILING ADDRESS																					
CITY	STATE	ZIP CODE	Occupation																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> E. FULL NAME </td> <td colspan="2"> Name of Employer </td> <td rowspan="3"> Date (month, day, year) </td> <td rowspan="3"> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td colspan="2"> </td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td colspan="2"> Occupation </td> </tr> </table>					E. FULL NAME			Name of Employer		Date (month, day, year)	Amount	MAILING ADDRESS					CITY	STATE	ZIP CODE	Occupation	
E. FULL NAME			Name of Employer		Date (month, day, year)	Amount															
MAILING ADDRESS																					
CITY	STATE	ZIP CODE	Occupation																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4"> SIGNATURE (optional) Purpura, Salvatore, , , </td> <td> DATE 11/02/2024 </td> <td colspan="2"> For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov </td> </tr> </table>					SIGNATURE (optional) Purpura, Salvatore, , ,				DATE 11/02/2024	For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov											
SIGNATURE (optional) Purpura, Salvatore, , ,				DATE 11/02/2024	For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov																

--	--	--

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)