

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 Robin Kelly for Congress						
ADDRESS (number and street) PO Box 3411						
CITY Chicago		STATE IL		ZIP CODE 60654		
2. NAME OF CANDIDATE Kelly, Robin, , ,			3. OFFICE SOUGHT (State and District) House IL 02		4. FEC IDENTIFICATION NUMBER C00539866	
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____						
A. FULL NAME Dawes, Daniel, , ,			Name of Employer Meharry Medical College		Date (month, day, year) 03/03/2024	
MAILING ADDRESS 14291 SW 24th St			Transaction ID : 5600576		Amount 1000.00	
CITY Davie	STATE FL	ZIP CODE 33325-5034	Occupation Attorney			
B. FULL NAME Heyward Johnson, Hope, , ,			Name of Employer Illinois Dept of Public Health		Date (month, day, year) 03/03/2024	
MAILING ADDRESS 30 Pheasant Rd			Transaction ID : 5615866		Amount 1250.00	
CITY Matteson	STATE IL	ZIP CODE 60443-1021	Occupation Virologist			
C. FULL NAME Johnson, Elliott, H, ,			Name of Employer Heyward & Johnson LLC		Date (month, day, year) 03/03/2024	
MAILING ADDRESS 30 Pheasant Rd Atp 3803			Transaction ID : 5615855		Amount 1250.00	
CITY Matteson	STATE IL	ZIP CODE 60443-1021	Occupation President			
D. FULL NAME McKeever, Lester, H, ,			Name of Employer Washington Pittman & McKeever		Date (month, day, year) 03/03/2024	
MAILING ADDRESS 4950 S Chicago Beach Dr Apt 9A			Transaction ID : 5615887		Amount 1000.00	
CITY Chicago	STATE IL	ZIP CODE 60615-3204	Occupation C. P. A.			
E. FULL NAME Taylor, Evonne, W., ,			Name of Employer None		Date (month, day, year) 03/03/2024	
MAILING ADDRESS 4900 S Woodlawn Ave			Transaction ID : 5618781		Amount 1000.00	
CITY Chicago	STATE IL	ZIP CODE 60615-2812	Occupation Homemaker			
SIGNATURE (optional) Presta, Anthony, , ,				DATE 03/05/2024	For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov	

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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)

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continuation page			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE Walls, Charles, S., , 21405 Olean Blvd Port Charlotte FL 33952-6877		Name of Employer Not Employed Transaction ID : 5615879 Occupation Not Employed	
		Date (month, day, year) 03/03/2024	
		Amount 1000.00	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Walls, Charles, S., , 21405 Olean Blvd Port Charlotte FL 33952-6877		Name of Employer Not Employed Transaction ID : 5618858 Occupation Not Employed	
		Date (month, day, year) 03/03/2024	
		Amount 1000.00	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	
		Date (month, day, year)	
		Amount	
		Occupation	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	
		Date (month, day, year)	
		Amount	
		Occupation	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	
		Date (month, day, year)	
		Amount	
		Occupation	