

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 TEXANS FOR JODEY ARRINGTON			
ADDRESS (number and street) PO BOX 6687			
CITY LUBBOCK	STATE TX	ZIP CODE 79493-6687	
2. NAME OF CANDIDATE ARRINGTON, JODEY, C., ,		3. OFFICE SOUGHT (State and District) House TX 19	
		4. FEC IDENTIFICATION NUMBER C00588657	
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION, INC. PAC (AOTPA)		Name of Employer	
MAILING ADDRESS 4720 MONTGOMERY LN STE 200		Transaction ID : 6C59A80FEA3DB400	
CITY BETHESDA	STATE MD	ZIP CODE 20814-3449	Occupation
B. FULL NAME PPL CORPORATION PEOPLE FOR GOOD GOVERNMENT		Name of Employer	
MAILING ADDRESS 2 N 9TH ST GENTW2		Transaction ID : 6686D93AA7CC84B9	
CITY ALLENTOWN	STATE PA	ZIP CODE 18101-1139	Occupation
C. FULL NAME CONOCOPHILLIPS SPIRIT PAC		Name of Employer	
MAILING ADDRESS PLAZA OFFICE BUILDING		Transaction ID : 6F8468A3A5302428D	
CITY BARTLESVILLE	STATE OK	ZIP CODE 74004-0001	Occupation
D. FULL NAME MOLINA HEALTHCARE, INC. PAC		Name of Employer	
MAILING ADDRESS 200 OCEANGATE STE 100		Transaction ID : 6FE955DCB948046F2	
CITY LONG BEACH	STATE CA	ZIP CODE 90802-4317	Occupation
E. FULL NAME HOUSE CONSERVATIVES FUND		Name of Employer	
MAILING ADDRESS 228 S WASHINGTON ST STE 115		Transaction ID : 671A1473913E84973	
CITY ALEXANDRIA	STATE VA	ZIP CODE 22314-5404	Occupation
SIGNATURE (optional) SATTERFIELD, DAVID, , ,		DATE 02/29/2024	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.

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continuation page			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE			
AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION PAC		Name of Employer	
1891 PRESTON WHITE DR		Date (month, day, year)	
RESTON VA 20191-4326		02/27/2024	
		Amount	
		5000.00	
		Transaction ID : 66A9D8AB3D4724FFE9AF	
		Occupation	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)		Name of Employer	
2900 AMES CROSSING RD		Date (month, day, year)	
EAGAN MN 55121-2498		02/27/2024	
		Amount	
		1000.00	
		Transaction ID : 635A91D1884444FF0B33	
		Occupation	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
MR. SOUTHERN MISSOURIAN IN THE HOUSE PAC		Name of Employer	
PO BOX 30844		Date (month, day, year)	
BETHESDA MD 20824-0844		02/27/2024	
		Amount	
		5000.00	
		Transaction ID : 66456862580B447DDAFD	
		Occupation	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
GENERAL DYNAMICS CORPORATION PAC (GDC PAC)		Name of Employer	
2941 FAIRVIEW PARK DR		Date (month, day, year)	
STE 100		02/27/2024	
FALLS CHURCH VA 22042-4541		Amount	
		2000.00	
		Transaction ID : 60AF4800A98B24935BA3	
		Occupation	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
AMERICAN MEDICAL ASSOCIATION PAC		Name of Employer	
25 MASSACHUSETTS AVE NW		Date (month, day, year)	
STE 600		02/27/2024	
WASHINGTON DC 20001-7400		Amount	
		2500.00	
		Transaction ID : 6C957E430C85E419F940	
		Occupation	

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE JASON SMITH FOR CONGRESS PO BOX 1324 CAPE GIRARDEAU MO 63702-1324		Name of Employer Date (month, day, year) 02/27/2024 Amount 2000.00 Transaction ID : 63FBA29A11A224EEF972 Occupation	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE SOCIETY OF INTERVENTIONAL RADIOLOGY PAC 3975 FAIR RIDGE DR STE 400 FAIRFAX VA 22033-2911		Name of Employer Date (month, day, year) 02/28/2024 Amount 1000.00 Transaction ID : 67DB756727D7C4B3190A Occupation	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE MCCULLOUGH, ROBERT, , , 9317 JUNIPER RESERVE DRIVE PRAIRIE VILLAGE KS 66207		Name of Employer BOULEVARD FINANCIAL Date (month, day, year) 02/28/2024 Amount 1000.00 Transaction ID : 6C0F5E2BE01E049E4A5A Occupation INSURANCE SALES	
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	