

# 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.

|                                                                                                                                                                             |                    |                          |                                                             |                           |                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------|-------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>1. NAME OF COMMITTEE IN FULL</b><br>Case for Congress                                                                                                                    |                    |                          |                                                             |                           |                                                                                                             |
| <b>ADDRESS</b> (number and street) PO Box 2941                                                                                                                              |                    |                          |                                                             |                           |                                                                                                             |
| <b>CITY</b><br>Honolulu                                                                                                                                                     |                    | <b>STATE</b><br>HI       |                                                             | <b>ZIP CODE</b><br>96802  |                                                                                                             |
| <b>2. NAME OF CANDIDATE</b><br>CASE, EDWARD ESPENETT, , ,                                                                                                                   |                    |                          | <b>3. OFFICE SOUGHT</b> (State and District)<br>House HI 01 |                           | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00680918                                                            |
| <b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____ |                    |                          |                                                             |                           |                                                                                                             |
| <b>A. FULL NAME</b><br>SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE POLITICAL ACTION COMMITTEE                                                                                 |                    |                          | Name of Employer                                            |                           | Date (month, day, year)                                                                                     |
| <b>MAILING ADDRESS</b><br>P O BOX 500                                                                                                                                       |                    |                          | Transaction ID : F6.11657                                   |                           | Amount                                                                                                      |
| <b>CITY</b><br>RENVILLE                                                                                                                                                     | <b>STATE</b><br>MN | <b>ZIP CODE</b><br>56284 | Occupation                                                  |                           | 10/23/2024<br>1000.00                                                                                       |
| <b>B. FULL NAME</b><br>THE ESOP ASSOCIATION PAC                                                                                                                             |                    |                          | Name of Employer                                            |                           | Date (month, day, year)                                                                                     |
| <b>MAILING ADDRESS</b><br>200 MASSACHUSETTS AVE NW<br>SUITE 410                                                                                                             |                    |                          | Transaction ID : F6.11659                                   |                           | Amount                                                                                                      |
| <b>CITY</b><br>WASHINGTON                                                                                                                                                   | <b>STATE</b><br>DC | <b>ZIP CODE</b><br>20001 | Occupation                                                  |                           | 10/21/2024<br>2500.00                                                                                       |
| <b>C. FULL NAME</b>                                                                                                                                                         |                    |                          | Name of Employer                                            |                           | Date (month, day, year)                                                                                     |
| <b>MAILING ADDRESS</b>                                                                                                                                                      |                    |                          |                                                             |                           | Amount                                                                                                      |
| <b>CITY</b>                                                                                                                                                                 | <b>STATE</b>       | <b>ZIP CODE</b>          | Occupation                                                  |                           |                                                                                                             |
| <b>D. FULL NAME</b>                                                                                                                                                         |                    |                          | Name of Employer                                            |                           | Date (month, day, year)                                                                                     |
| <b>MAILING ADDRESS</b>                                                                                                                                                      |                    |                          |                                                             |                           | Amount                                                                                                      |
| <b>CITY</b>                                                                                                                                                                 | <b>STATE</b>       | <b>ZIP CODE</b>          | Occupation                                                  |                           |                                                                                                             |
| <b>E. FULL NAME</b>                                                                                                                                                         |                    |                          | Name of Employer                                            |                           | Date (month, day, year)                                                                                     |
| <b>MAILING ADDRESS</b>                                                                                                                                                      |                    |                          |                                                             |                           | Amount                                                                                                      |
| <b>CITY</b>                                                                                                                                                                 | <b>STATE</b>       | <b>ZIP CODE</b>          | Occupation                                                  |                           |                                                                                                             |
| <b>SIGNATURE (optional)</b><br>Case, Audrey, , ,                                                                                                                            |                    |                          |                                                             | <b>DATE</b><br>10/23/2024 | For further information,<br>contact the Federal Election Commission<br>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)