

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 Will Rollins for Congress																					
ADDRESS (number and street) 31500 Grape Street Ste 3-452																					
CITY Lake Elsinore		STATE CA		ZIP CODE 92532																	
2. NAME OF CANDIDATE Rollins, Will, , ,			3. OFFICE SOUGHT (State and District) House CA 41																		
4. FEC IDENTIFICATION NUMBER C00792507																					
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 Connor, T., Vincent, , </td> <td colspan="2"> Name of Employer Not Employed </td> <td rowspan="3"> Date (month, day, year) 10/31/2022 </td> <td rowspan="3"> Amount 1000.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 23277 Sand Canyon Cir </td> <td colspan="2"> Transaction ID : 5880351 </td> </tr> <tr> <td> CITY Corona </td> <td> STATE CA </td> <td> ZIP CODE 92883-5085 </td> <td colspan="2"> Occupation Not Employed </td> </tr> </table>					A. FULL NAME Connor, T., Vincent, ,			Name of Employer Not Employed		Date (month, day, year) 10/31/2022	Amount 1000.00	MAILING ADDRESS 23277 Sand Canyon Cir			Transaction ID : 5880351		CITY Corona	STATE CA	ZIP CODE 92883-5085	Occupation Not Employed	
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CITY Carmel Valley	STATE CA	ZIP CODE 93924-9421	Occupation Investment Management																		
SIGNATURE (optional) Gonzales, Amy, , ,				DATE 11/02/2022		For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100															
[Electronically Filed]																					

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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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CITY, STATE, and ZIP CODE Lake Elsinore CA 92532			
2. NAME OF CANDIDATE Rollins, Will, , ,		3. OFFICE SOUGHT (State and District) House CA 41	
4. FEC IDENTIFICATION NUMBER C00792507		<i>continuation page</i>	
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____			

A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount	
Buttgenbach, Thomas, , , 5455 Wilshire Blvd Ste 2010 Los Angeles CA 90036-4220	8Minute Solar Energy	10/31/2022	1000.00	
	Transaction ID : 5880565 Occupation President			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Dauber, Jeffrey, , , 1216 19th St San Francisco CA 94107-2924	Name of Employer Not Employed	10/31/2022	1000.00	
	Transaction ID : 5880326 Occupation Not Employed			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Kurzrock, Merle, , , 785 Spruce St Riverside CA 92507-3043	Name of Employer Not Employed	10/31/2022	1000.00	
	Transaction ID : 5880426 Occupation Not Employed			
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Mad 4 PA PAC PO Box 444 Glenside PA 19038-0444	Name of Employer	10/31/2022	1000.00	
	Transaction ID : 5880758 Occupation Not Employed			
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Democratic Women of South Orange County PO Box 383 San Clemente CA 92674-0383	Name of Employer	10/31/2022	1000.00	
	Transaction ID : 5880488 Occupation			

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE Buccos, Karen, , , 34 Lafayette Dr Rancho Mirage CA 92270-3709		Name of Employer Advantage Billing, Inc. Transaction ID : 5881088 Occupation Medical Billing		Date (month, day, year) 10/31/2022 Amount 1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Wolverine PAC PO Box 9722480 Ypsilanti MI 48197		Name of Employer Transaction ID : 5880279 Occupation		Date (month, day, year) 10/31/2022 Amount 1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer Occupation		Date (month, day, year) Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer Occupation		Date (month, day, year) Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer Occupation		Date (month, day, year) Amount

continuation page

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