

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 MACKENZIE FOR CONGRESS COMMITTEE				
ADDRESS (number and street) PO BOX 747				
CITY EMMAUS		STATE PA		ZIP CODE 18049-0747
2. NAME OF CANDIDATE MACKENZIE, RYAN, EDWARD, ,			3. OFFICE SOUGHT (State and District) House PA 07	
4. FEC IDENTIFICATION NUMBER C00846501				
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____				
A. FULL NAME BANKE, BARBARA, , ,			Name of Employer STONESTREET STABLES	Date (month, day, year) 10/28/2024
MAILING ADDRESS 1045 ALEXANDER MOUNTAIN RD			Transaction ID : 6187653CAC8334BEF	Amount 3300.00
CITY GEYSERVILLE	STATE CA	ZIP CODE 95441-9315	Occupation OWNER	
B. FULL NAME JOHNSON, JESS, , ,			Name of Employer JOHNSON KRES CONSTRUCTIONS CO	Date (month, day, year) 10/28/2024
MAILING ADDRESS 5279 GREYSTONE WAY			Transaction ID : 6E7A5982DB8B345B:	Amount 1000.00
CITY BIRMINGHAM	STATE AL	ZIP CODE 35242-7216	Occupation CONTRACTOR	
C. FULL NAME IACOCCA, GARY, , ,			Name of Employer YOCO'S INC	Date (month, day, year) 10/28/2024
MAILING ADDRESS 3515 FOX RUN DR			Transaction ID : 6E4B22635358A422E	Amount 1500.00
CITY ALLENTOWN	STATE PA	ZIP CODE 18103	Occupation RESTAURANT OWNER	
D. FULL NAME KNIGHT, PETER, , ,			Name of Employer HIMI	Date (month, day, year) 10/28/2024
MAILING ADDRESS PO BOX 42			Transaction ID : 6860708B07A72422C	Amount 2000.00
CITY NEW TRIPOLI	STATE PA	ZIP CODE 18066	Occupation EXECUTIVE	
E. FULL NAME CLIFF BENTZ FOR CONGRESS			Name of Employer	Date (month, day, year) 10/28/2024
MAILING ADDRESS PO BOX 1048			Transaction ID : 6A31D453B7D9847C:	Amount 2000.00
CITY ONTARIO	STATE OR	ZIP CODE 97914-1048	Occupation	
SIGNATURE (optional) JUKUS, JOEL, , ,			DATE 10/30/2024	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			
MIKE HARIDOPOLOS FOR CONGRESS		Name of Employer	
610 S BOULEVARD		Date (month, day, year) 10/28/2024	
TAMPA FL 33606-2647		Amount 1500.00	
		Transaction ID : 61A46568AC3E547079A4	
		Occupation	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
LOOSE GROUP		Name of Employer	
4279 ROSWELL RD NE		Date (month, day, year) 10/28/2024	
STE 208		Amount 1000.00	
ATLANTA GA 30342-3705		Transaction ID : 6725D426CA9E14958AD3	
		Occupation	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
THE WILLIAMS COMPANIES, INC. POLITICAL ACTION COMMITTEE		Name of Employer	
1 ONE WILLIAMS CTR		Date (month, day, year) 10/28/2024	
FL 47		Amount 5000.00	
TULSA OK 74172-0140		Transaction ID : 6E9D85341B1C748ABB05	
		Occupation	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
CONSERVATIVE PROMISES PAC		Name of Employer	
1919 OXMOOR RD		Date (month, day, year) 10/28/2024	
# 241		Amount 2500.00	
BIRMINGHAM AL 35209-3502		Transaction ID : 6BE6CFEDEAB6E4C03BA!	
		Occupation	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
GUTHRIE FOR CONGRESS		Name of Employer	
PO BOX 22401		Date (month, day, year) 10/28/2024	
LOUISVILLE KY 40252-0401		Amount 2000.00	
		Transaction ID : 6210F1CF4F3C24A37A89	
		Occupation	

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE			
RESPONSIBILITY AND FREEDOM WORK PAC (RFPAC)		Name of Employer	Date (month, day, year)
PO BOX 54			10/28/2024
JACKSON MS 39205-0054		Transaction ID : 6BE75E0CCAC7E4BE3B7	Amount 5000.00
		Occupation	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
NATIONAL CONSERVATIVE LEADERSHIP FUND		Name of Employer	Date (month, day, year)
733 10TH ST NW			10/28/2024
STE 900		Transaction ID : 60E74F0B062FF4EB394C	Amount 3000.00
WASHINGTON DC 20001-4887		Occupation	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer	Date (month, day, year)
		Occupation	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer	Date (month, day, year)
		Occupation	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer	Date (month, day, year)
		Occupation	

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