

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 Friends of Jim Clyburn			
ADDRESS (number and street) Post Office Box 12567			
CITY Columbia	STATE SC	ZIP CODE 29211	
2. NAME OF CANDIDATE Clyburn, James, E, ,		3. OFFICE SOUGHT (State and District) House SC 06	
		4. FEC IDENTIFICATION NUMBER C00255562	
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME AMERICAN HOSPITAL ASSOCIATION PAC		Name of Employer	Date (month, day, year)
MAILING ADDRESS 800 10Th St NW Ste 400		Transaction ID : 12075529	10/23/2024
CITY Washington	STATE DC	ZIP CODE 20001-5189	Amount 2500.00
B. FULL NAME HUMANE SOCIETY LEGISLATIVE FUND POLITICAL ACTION COMMITTEE		Name of Employer	Date (month, day, year)
MAILING ADDRESS 2100 L St NW Ste 310		Transaction ID : 12075602	10/23/2024
CITY Washington	STATE DC	ZIP CODE 20037-1525	Amount 2500.00
C. FULL NAME NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE-PAC)		Name of Employer	Date (month, day, year)
MAILING ADDRESS 606 N Washington St		Transaction ID : 12075578	10/23/2024
CITY Alexandria	STATE VA	ZIP CODE 22314-1914	Amount 1000.00
D. FULL NAME THE COUNCIL OF INSURANCE AGENTS & BROKERS POLITICAL ACTION COMMITTEE		Name of Employer	Date (month, day, year)
MAILING ADDRESS 701 Pennsylvania Ave NW Ste 750		Transaction ID : 12075553	10/23/2024
CITY Washington	STATE DC	ZIP CODE 20004-2661	Amount 5000.00
E. FULL NAME		Name of Employer	Date (month, day, year)
MAILING ADDRESS			
CITY	STATE	ZIP CODE	Amount
SIGNATURE (optional) Bennett, James, , ,		DATE 10/24/2024	For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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