

# 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>Tony Gonzales for Congress                                                                                                           |             |                        |                                                             |                           |                                                                                                             |
| <b>ADDRESS</b> (number and street) PO Box 700442                                                                                                                            |             |                        |                                                             |                           |                                                                                                             |
| <b>CITY</b><br>San Antonio                                                                                                                                                  |             | <b>STATE</b><br>TX     |                                                             | <b>ZIP CODE</b><br>78270  |                                                                                                             |
| <b>2. NAME OF CANDIDATE</b><br>Gonzales, Ernest, Anthony Tony, , II                                                                                                         |             |                        | <b>3. OFFICE SOUGHT</b> (State and District)<br>House TX 23 |                           | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00706614                                                            |
| <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>LOCKHEED MARTIN CORPORATION EMPLOYEES' POLITICAL ACTION COMM                                                                                         |             |                        | Name of Employer                                            |                           | Date (month, day, year)                                                                                     |
| MAILING ADDRESS<br>2121 CRYSTAL DRIVE<br>SUITE 100                                                                                                                          |             |                        | Transaction ID : TX147774                                   |                           | 02/26/2024                                                                                                  |
| CITY<br>ARLINGTON                                                                                                                                                           | STATE<br>VA | ZIP CODE<br>22202-3706 | Occupation                                                  |                           |                                                                                                             |
| <b>B. FULL NAME</b><br>LEADERSHIP AND LOYALTY ONLY TO AMERICA PAC                                                                                                           |             |                        | Name of Employer                                            |                           | Date (month, day, year)                                                                                     |
| MAILING ADDRESS<br>PO BOX 113                                                                                                                                               |             |                        | Transaction ID : TX147776                                   |                           | 02/26/2024                                                                                                  |
| CITY<br>LINDENHURST                                                                                                                                                         | STATE<br>NY | ZIP CODE<br>11757-0113 | Occupation                                                  |                           |                                                                                                             |
| <b>C. FULL NAME</b>                                                                                                                                                         |             |                        | Name of Employer                                            |                           | Date (month, day, year)                                                                                     |
| MAILING ADDRESS                                                                                                                                                             |             |                        |                                                             |                           |                                                                                                             |
| CITY                                                                                                                                                                        | STATE       | ZIP CODE               | Occupation                                                  |                           |                                                                                                             |
| <b>D. FULL NAME</b>                                                                                                                                                         |             |                        | Name of Employer                                            |                           | Date (month, day, year)                                                                                     |
| MAILING ADDRESS                                                                                                                                                             |             |                        |                                                             |                           |                                                                                                             |
| CITY                                                                                                                                                                        | STATE       | ZIP CODE               | Occupation                                                  |                           |                                                                                                             |
| <b>E. FULL NAME</b>                                                                                                                                                         |             |                        | Name of Employer                                            |                           | Date (month, day, year)                                                                                     |
| MAILING ADDRESS                                                                                                                                                             |             |                        |                                                             |                           |                                                                                                             |
| CITY                                                                                                                                                                        | STATE       | ZIP CODE               | Occupation                                                  |                           |                                                                                                             |
| <b>SIGNATURE (optional)</b><br>HOBBS, CABELL, , ,                                                                                                                           |             |                        |                                                             | <b>DATE</b><br>02/27/2024 | 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)