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
HUIZENGA FOR CONGRESS

ADDRESS (number and street) PO BOX 1036

CITY	STATE	ZIP CODE
HOLLAND	MI	49422

2. NAME OF CANDIDATE
HUIZENGA, WILLIAM, P, ,

3. OFFICE SOUGHT (State and District)
House MI 04

4. FEC IDENTIFICATION NUMBER
C00459297

5. IS THIS AN AMENDMENT? [X] NO, THIS IS A NEW FILING [ ] YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____

A. FULL NAME MALIK, GHAUS, , DR, **MAILING ADDRESS** 1130 E SQUARE LAKE RD **CITY** / **STATE** / **ZIP CODE** BLOOMFIELD HILLS / MI / 48304-1541	Name of Employer HENRY FORD HEALTH **Transaction ID : 6A114783136DB45B2** Occupation PHYSICIAN	Date (month, day, year) 07/22/2026	Amount 1000.00
B. FULL NAME AHMED, NAEEM, , DR, **MAILING ADDRESS** 4 E GROVE CT **CITY** / **STATE** / **ZIP CODE** FREELAND / MI / 48623-7805	Name of Employer BAY AREA HEALTH CLINIC **Transaction ID : 68DCF8EBBC4744B8** Occupation PHYSICIAN	Date (month, day, year) 07/22/2026	Amount 1041.02
C. FULL NAME SHABNAM, SABA, , DR, **MAILING ADDRESS** 400 WELLINGTON CT **CITY** / **STATE** / **ZIP CODE** SOUTHLAKE / TX / 76092-7807	Name of Employer SELF EMPLOYED **Transaction ID : 6AE2177C9EBAA462** Occupation PHYSICIAN	Date (month, day, year) 07/22/2026	Amount 1041.02
D. FULL NAME MALIK, GHAUS, , DR, **MAILING ADDRESS** 1130 E SQUARE LAKE RD **CITY** / **STATE** / **ZIP CODE** BLOOMFIELD HILLS / MI / 48304-1541	Name of Employer HENRY FORD HEALTH **Transaction ID : 6135A20197A2A45F9** Occupation PHYSICIAN	Date (month, day, year) 07/22/2026	Amount 1000.00
E. FULL NAME MIRZA, KHALID, , , **MAILING ADDRESS** 13100 MUSTANG TRL **CITY** / **STATE** / **ZIP CODE** FORT LAUDERDALE / FL / 33330-3739	Name of Employer NONE **Transaction ID : 6BD81BC2E4F85463** Occupation RETIRED	Date (month, day, year) 07/22/2026	Amount 1000.00

SIGNATURE (optional)
GOODE, MICHAEL, , ,

DATE
07/23/2026

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer / Occupation	Date (month, day, year)	Amount
ALI, UZMA, , DR, 2062 CHARNWOOD DR TROY MI 48098-2204	MACOMB HAND SURGERY **Transaction ID : 695E49341F36848708C0** SURGEON	07/22/2026	1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer / Occupation	Date (month, day, year)	Amount
CROWLEY, DANIEL, , MR, 8012 CARITA COURT BETHESDA MD 20817-6907	K&L GATES LLP **Transaction ID : 65FFEA356C0174CAB918** ATTORNEY	07/22/2026	1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer / Occupation	Date (month, day, year)	Amount
TARIQ, MOHAMMAD, , DR, 3409 RAMBLING WAY PLANO TX 75093-7601	SELF EMPLOYED **Transaction ID : 63D28B2F680164CAC900** PHYSICIAN	07/22/2026	1000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer / Occupation	Date (month, day, year)	Amount
ANWAR, SAROSH, , DR, 31 SAWMILL CREEK TRL SAGINAW MI 48603-8626	DAPC **Transaction ID : 61F8498C0099E441395B** PHYSICIAN	07/22/2026	1041.02
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer / Occupation	Date (month, day, year)	Amount
CROWLEY, DANIEL, , MR, 8012 CARITA COURT BETHESDA MD 20817-6907	K&L GATES LLP **Transaction ID : 61A0089FAA07D451B9B8** ATTORNEY	07/22/2026	1000.00

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer / Occupation	Date (month, day, year)	Amount
CHAUDHARY, SAFDAR, , DR, 1101 E WARNER RD UNIT 134 TEMPE AZ 85284-3223	SELF EMPLOYED **Transaction ID : 658B3119F5D4E45519F3** Occupation: PHYSICIAN	07/22/2026	1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer / Occupation	Date (month, day, year)	Amount
MI CORN GROWERS ASSOCIATION PAC (MI CORN PAC) 120 W OTTAWA ST LANSING MI 48933-1644	**Transaction ID : 68478F354260E469C88D**	07/22/2026	1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer / Occupation	Date (month, day, year)	Amount
VITORIA PAC 5132 N PALM AVE # 227 FRESNO CA 93704-2236	**Transaction ID : 6B5574D8525EF4A599AB**	07/22/2026	2500.00
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