

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<br>Callie Barr for Congress                                                                                                                |             |                        |                                                      |                                                                                                             |
| ADDRESS (number and street) P.O. BOX 6921                                                                                                                               |             |                        |                                                      |                                                                                                             |
| CITY<br>TRAVERSE CITY                                                                                                                                                   |             | STATE<br>MI            |                                                      | ZIP CODE<br>49696                                                                                           |
| 2. NAME OF CANDIDATE<br>Barr, Callie, , ,                                                                                                                               |             |                        | 3. OFFICE SOUGHT (State and District)<br>House MI 01 |                                                                                                             |
| 4. FEC IDENTIFICATION NUMBER<br>C00837054                                                                                                                               |             |                        |                                                      |                                                                                                             |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |             |                        |                                                      |                                                                                                             |
| A. FULL NAME<br>Brown, Marlee, , ,                                                                                                                                      |             |                        |                                                      | Name of Employer<br>Marlee Brown<br><br>Transaction ID : 11356233<br><br>Occupation<br>Artist               |
| MAILING ADDRESS<br>2301 Highland Rd                                                                                                                                     |             |                        |                                                      |                                                                                                             |
| CITY<br>Ann Arbor                                                                                                                                                       | STATE<br>MI | ZIP CODE<br>48104-1748 | Date (month, day, year)<br>07/24/2024                |                                                                                                             |
|                                                                                                                                                                         |             |                        | Amount<br>1000.00                                    |                                                                                                             |
| B. FULL NAME<br>Mills, Jamie, , ,                                                                                                                                       |             |                        |                                                      | Name of Employer<br>JRM Holdings PLC<br><br>Transaction ID : 11356226<br><br>Occupation<br>Insurance Sales  |
| MAILING ADDRESS<br>11616 Whittington St                                                                                                                                 |             |                        |                                                      |                                                                                                             |
| CITY<br>Traverse City                                                                                                                                                   | STATE<br>MI | ZIP CODE<br>49684-6813 | Date (month, day, year)<br>07/24/2024                |                                                                                                             |
|                                                                                                                                                                         |             |                        | Amount<br>1000.00                                    |                                                                                                             |
| C. FULL NAME<br>Porter, Jeffrey, , ,                                                                                                                                    |             |                        |                                                      | Name of Employer<br>Not Employed<br><br>Transaction ID : 11356253<br><br>Occupation<br>Not Employed         |
| MAILING ADDRESS<br>109 Prospect St                                                                                                                                      |             |                        |                                                      |                                                                                                             |
| CITY<br>Charlevoix                                                                                                                                                      | STATE<br>MI | ZIP CODE<br>49720-1172 | Date (month, day, year)<br>07/23/2024                |                                                                                                             |
|                                                                                                                                                                         |             |                        | Amount<br>2000.00                                    |                                                                                                             |
| D. FULL NAME                                                                                                                                                            |             |                        |                                                      | Name of Employer                                                                                            |
| MAILING ADDRESS                                                                                                                                                         |             |                        |                                                      |                                                                                                             |
| CITY                                                                                                                                                                    | STATE       | ZIP CODE               | Date (month, day, year)                              |                                                                                                             |
|                                                                                                                                                                         |             |                        | Amount                                               |                                                                                                             |
| E. FULL NAME                                                                                                                                                            |             |                        |                                                      | Name of Employer                                                                                            |
| MAILING ADDRESS                                                                                                                                                         |             |                        |                                                      |                                                                                                             |
| CITY                                                                                                                                                                    | STATE       | ZIP CODE               | Date (month, day, year)                              |                                                                                                             |
|                                                                                                                                                                         |             |                        | Amount                                               |                                                                                                             |
| SIGNATURE (optional)<br>Barr, Matt, , ,                                                                                                                                 |             |                        | DATE<br>07/25/2024                                   | For further information,<br>contact the Federal Election Commission<br>at 800-424-9530 or visit www.fec.gov |

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