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48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

4	NAME OF COMMITTEE IN FILL
_	
10	be used to report all contributions (including loans) of \$1000 of more, received within 20 days of the election.

NAME OF COMMITTEE IN FULL								
JOHN JAMES FOR CONGRES								
ADDRESS (number and street) P.C	D. BOX 628							
CITY			STATE		ZIP CODE			
ST. CLAIR SHORES	48080							
2. NAME OF CANDIDATE	3. OFFICE SOUGHT (State and District)			4. FEC IDENTIFICATION	NUMBER			
JOHN, JAMES, , ,	House MI 10			C00803502				
5. IS THIS AN AMENDMENT?	NO, THIS IS A N	NEW FILING		YES, IT AME	NDS THE NO	TICE FILED ON	//	·
A. FULL NAME			Name of Employer			Date (month, day, year)	Amount	
WONG, EDWARD, G., ,	RETIRED			day, year)				
MAILING ADDRESS 11186 PACEMONT LN	Transaction ID : TX366731			07/26/2024	1000.00			
CITY STATE ZIP CODE			ODE	Occupation				
SAN DIEGO				RETIRED				
B. FULL NAME		02.12					Date (month,	Amount
B. FULL NAME				Name of Employer			day, year)	Amount
MAILING ADDRESS								
	1							
CITY STATE ZIP CODE				Occupation				
C. FULL NAME	Name of Employer			Date (month,	Amount			
							day, year)	
MAILING ADDRESS	_							
CITY	STATE	ZIP C	ODE	Occupation				
D. FULL NAME				Name of East	I		Date (month,	Amount
D. FOLE NAME	Name of Employer			day, year)	Amount			
MAIL ING ADDDEGG								
MAILING ADDRESS								
CITY STATE ZIP CODE			Occupation					
E. FULL NAME	Name of Employer			Date (month,	Amount			
							day, year)	
MAILING ADDRESS								
CITY STATE ZIP CODE			Occupation					
SIGNATURE (optional)						DATE		
QUICK, KIRSTEN, , ,	07/26/2024		For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov					
~ ///								

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