

# 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>Patriots for Perry                                                                                                                      |             |                        |                                                             |                           |                                                                                                             |
| <b>ADDRESS</b> (number and street) 4075 Linglestown Rd PMB 119                                                                                                                 |             |                        |                                                             |                           |                                                                                                             |
| <b>CITY</b><br>Harrisburg                                                                                                                                                      |             | <b>STATE</b><br>PA     |                                                             | <b>ZIP CODE</b><br>17112  |                                                                                                             |
| <b>2. NAME OF CANDIDATE</b><br>Perry, Scott, , ,                                                                                                                               |             |                        | <b>3. OFFICE SOUGHT</b> (State and District)<br>House PA 10 |                           | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00510164                                                            |
| <b>5. IS THIS AN AMENDMENT?</b> <input type="checkbox"/> NO, THIS IS A NEW FILING <input checked="" type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |             |                        |                                                             |                           |                                                                                                             |
| <b>A. FULL NAME</b><br>SIX PAC                                                                                                                                                 |             |                        | Name of Employer                                            |                           | Date (month, day, year)                                                                                     |
| MAILING ADDRESS<br>PO BOX 183                                                                                                                                                  |             |                        | Transaction ID : TX187001                                   |                           | Amount<br>3300.00                                                                                           |
| CITY<br>HUDSON                                                                                                                                                                 | STATE<br>WI | ZIP CODE<br>54016-0183 | Occupation                                                  |                           | 10/23/2024                                                                                                  |
| <b>B. FULL NAME</b><br>EAGLE FORUM PAC                                                                                                                                         |             |                        | Name of Employer                                            |                           | Date (month, day, year)                                                                                     |
| MAILING ADDRESS<br>200 W. 3RD ST. STE 502                                                                                                                                      |             |                        | Transaction ID : TX187028                                   |                           | Amount<br>2000.00                                                                                           |
| CITY<br>ALTON                                                                                                                                                                  | STATE<br>IL | ZIP CODE<br>62002-6174 | Occupation                                                  |                           | 10/24/2024                                                                                                  |
| <b>C. FULL NAME</b><br>FAMILY RESEARCH COUNCIL ACTION PAC                                                                                                                      |             |                        | Name of Employer                                            |                           | Date (month, day, year)                                                                                     |
| MAILING ADDRESS<br>801 G STREET NW                                                                                                                                             |             |                        | Transaction ID : TX187030                                   |                           | Amount<br>5000.00                                                                                           |
| CITY<br>WASHINGTON                                                                                                                                                             | STATE<br>DC | ZIP CODE<br>20001-3729 | Occupation                                                  |                           | 10/24/2024                                                                                                  |
| <b>D. FULL NAME</b><br>IN THE ARENA PAC                                                                                                                                        |             |                        | Name of Employer                                            |                           | Date (month, day, year)                                                                                     |
| MAILING ADDRESS<br>PO BOX 7244                                                                                                                                                 |             |                        | Transaction ID : TX187031                                   |                           | Amount<br>2500.00                                                                                           |
| CITY<br>LITTLE ROCK                                                                                                                                                            | STATE<br>AR | ZIP CODE<br>72217-7244 | Occupation                                                  |                           | 10/24/2024                                                                                                  |
| <b>E. FULL NAME</b><br>FREEDOM'S DEFENSE FUND                                                                                                                                  |             |                        | Name of Employer                                            |                           | Date (month, day, year)                                                                                     |
| MAILING ADDRESS<br>824 S MILLEDGE AVE STE 101                                                                                                                                  |             |                        | Transaction ID : TX187033                                   |                           | Amount<br>1000.00                                                                                           |
| CITY<br>ATHENS                                                                                                                                                                 | STATE<br>GA | ZIP CODE<br>30605-1369 | Occupation                                                  |                           | 10/24/2024                                                                                                  |
| <b>SIGNATURE (optional)</b><br>Jukus, Joel, , ,                                                                                                                                |             |                        |                                                             | <b>DATE</b><br>10/25/2024 | For further information,<br>contact the Federal Election Commission<br>at 800-424-9530 or visit www.fec.gov |

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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)

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------|--|
| 1. NAME OF COMMITTEE IN FULL<br>Patriots for Perry                                                                                                                      |  |                                                                                                                           |  |
| ADDRESS (number and street) 4075 Linglestown Rd PMB 119                                                                                                                 |  |                                                                                                                           |  |
| CITY, STATE, and ZIP CODE<br>Harrisburg PA 17112                                                                                                                        |  |                                                                                                                           |  |
| 2. NAME OF CANDIDATE<br>Perry, Scott, , ,                                                                                                                               |  | 3. OFFICE SOUGHT (State and District)<br>House PA 10                                                                      |  |
| 4. FEC IDENTIFICATION NUMBER<br>C00510164                                                                                                                               |  |                                                                                                                           |  |
| 5. IS THIS AN AMENDMENT? <input type="checkbox"/> NO, THIS IS A NEW FILING <input checked="" type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |  |                                                                                                                           |  |
| continuation page                                                                                                                                                       |  |                                                                                                                           |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>DOUG LAMALFA COMMITTEE<br>9458 TREELAKE RD.<br>GRANITE BAY CA 95746-6618                                                  |  | Name of Employer<br>Date (month, day, year)<br>10/24/2024<br>Amount<br>2000.00<br>Transaction ID : TX187034<br>Occupation |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>DAN-PA FIRST PAC<br>502 6TH STREET<br>HUDSON WI 54016-1783                                                                |  | Name of Employer<br>Date (month, day, year)<br>10/24/2024<br>Amount<br>2500.00<br>Transaction ID : TX187035<br>Occupation |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>MORGAN GRIFFITH FOR CONGRESS<br>PO BOX 361<br>CHRISTIANSBURG VA 24068-                                                    |  | Name of Employer<br>Date (month, day, year)<br>10/24/2024<br>Amount<br>2000.00<br>Transaction ID : TX187086<br>Occupation |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>FIGHTIN' NINTH PAC<br>P.O. BOX 71596<br>RICHMOND VA 23255-1596                                                            |  | Name of Employer<br>Date (month, day, year)<br>10/24/2024<br>Amount<br>1000.00<br>Transaction ID : TX187087<br>Occupation |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>RVFPAC<br>824 S MILLEDGE AVE<br>STE 101<br>ATHENS GA 30605-                                                               |  | Name of Employer<br>Date (month, day, year)<br>10/23/2024<br>Amount<br>5000.00<br>Transaction ID : TX187088<br>Occupation |  |

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|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00510164                                                                                                       |  |
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| continuation page                                                                                                                                                       |  |                                                                                                                                                 |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>LANIER, GAINES, , ,<br>2035 COUNTY ROAD 290<br>OPELIKA AL 36801-9611                                                      |  | Name of Employer<br>Date (month, day, year)<br>10/24/2024<br>Amount<br>1000.00<br>Transaction ID : TX187040<br>Occupation                       |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>CARMICHAEL, J., DONALD, DR.,<br>2857 CANTERBURY ROAD<br>BIRMINGHAM AL 35223-1201                                          |  | Name of Employer<br>Date (month, day, year)<br>10/24/2024<br>Amount<br>1000.00<br>Transaction ID : TX187041<br>Occupation                       |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>UPTON, STEPHEN, D., ,<br>P.O. BOX336<br>BIRMINGHAM AL 35201-0336                                                          |  | Name of Employer<br>Date (month, day, year)<br>10/24/2024<br>Amount<br>1000.00<br>Transaction ID : TX187043<br>Occupation                       |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>UPTON, STEPHEN, D., ,<br>P.O. BOX336<br>BIRMINGHAM AL 35201-0336                                                          |  | Name of Employer<br>Date (month, day, year)<br>10/24/2024<br>Amount<br>1000.00<br>Transaction ID : TX187044<br>Occupation                       |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>BOYD, DONALD, , MR.,<br>645 LAWNWOOD DRIVE<br>GREENWOOD IN 46142-3822                                                     |  | Name of Employer<br>RETIRED<br>Date (month, day, year)<br>10/24/2024<br>Amount<br>3000.00<br>Transaction ID : TX187076<br>Occupation<br>RETIRED |  |

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| A. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>CAMARA, STEVEN, A., MR.,<br>1044 FORBES ST<br>NEW BEDFORD MA 02745-3711                                                   |                                                      | Name of Employer<br>RETIRED<br>Transaction ID : TX187084<br>Occupation<br>RETIRED                       | Date (month, day, year)<br>10/23/2024<br>Amount<br>1000.00 |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>HENDRICKSON, BRETT, , MR.,<br>650 BENT WOOD LANE<br>SOUTHLAKE TX 76092-5221                                               |                                                      | Name of Employer<br>NOKOMIS CAPITAL LLC<br>Transaction ID : TX187083<br>Occupation<br>PORTFOLIO MANAGER | Date (month, day, year)<br>10/24/2024<br>Amount<br>3300.00 |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>HENDRICKSON, CHRISTY, , MS.,<br>650 BENT WOOD LANE<br>SOUTHLAKE TX 76092-5221                                             |                                                      | Name of Employer<br>HOMEMAKER<br>Transaction ID : TX187082<br>Occupation<br>HOMEMAKER                   | Date (month, day, year)<br>10/24/2024<br>Amount<br>3300.00 |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>LEWIS, ANDREW, , MR.,<br>PO BOX 58258<br>NASHVILLE TN 37205-                                                              |                                                      | Name of Employer<br>COMMONWEALTH FOUNDATION<br>Transaction ID : TX187092<br>Occupation<br>CEO           | Date (month, day, year)<br>10/24/2024<br>Amount<br>1000.00 |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>MCCUTCHEON, SHAUN, , ,<br>441 NORTH LEE STREET SUITE 100<br>ALEXANDRIA VA 22314-2301                                      |                                                      | Name of Employer<br>COALMONT ELECTRICAL<br>Transaction ID : TX187085<br>Occupation<br>CEO               | Date (month, day, year)<br>10/24/2024<br>Amount<br>3300.00 |

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| continuation page                                                                                                                                                       |  |                                                                                                       |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                       |  |
| MCMILLAN, THOMAS, E., , JR.<br><br>315 BELLEVILLE AVENUE<br>PO BOX 809<br>BREWTON AL 36427-0809                                                                         |  | Name of Employer<br>RETIRED<br><br>Transaction ID : TX187046<br>Occupation<br>RETIRED                 |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/24/2024                                                                 |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                     |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                       |  |
| MEYERSONH, WILLIAM, , ,<br><br>P.O. BOX 651129<br><br>VERO BEACH FL 32965-1129                                                                                          |  | Name of Employer<br>CAPITAL RESEARCH CENTER<br><br>Transaction ID : TX187051<br>Occupation<br>TRUSTEE |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/24/2024                                                                 |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                     |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                       |  |
| OFFERDAHL, RICHARD, E. , MR.,<br><br>593 LARIAT CIRCLE<br><br>INCLINE VILLAGE NV 89451-8305                                                                             |  | Name of Employer<br>MAXIE CORP<br><br>Transaction ID : TX187062<br>Occupation<br>MANAGER              |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/24/2024                                                                 |  |
|                                                                                                                                                                         |  | Amount<br>3000.00                                                                                     |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                       |  |
| PARKER, JOHN, S., ,<br><br>19397 SCENIC HIGHWAY 98<br><br>FAIRHOPE AL 36532-6839                                                                                        |  | Name of Employer<br>RETIRED<br><br>Transaction ID : TX187049<br>Occupation<br>RETIRED                 |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/24/2024                                                                 |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                     |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                       |  |
| PILOT, RODNEY, A., ,<br><br>P.O. BOX 91206<br><br>MOBILE AL 36691-1206                                                                                                  |  | Name of Employer<br>PILOT INSURANCE<br><br>Transaction ID : TX187048<br>Occupation<br>OWNER           |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/24/2024                                                                 |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                     |  |

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| CITY, STATE, and ZIP CODE<br>Harrisburg PA 17112                                                                                                                        |  |                                                                                                                                       |  |
| 2. NAME OF CANDIDATE<br>Perry, Scott, , ,                                                                                                                               |  | 3. OFFICE SOUGHT (State and District)<br>House PA 10                                                                                  |  |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00510164                                                                                             |  |
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| continuation page                                                                                                                                                       |  |                                                                                                                                       |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>SOLFERINO, BETH, , MS,<br>225 FORD PLACE<br>RICHMOND HILL GA 31324-                                                       |  | Name of Employer<br>INFORMATION REQUESTED PER BEST EFFORTS<br>Transaction ID : TX187091<br>Occupation<br>INFORMATION REQUESTED PER BI |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>SOLFERINO, STEVEN, , MR,<br>225 FORD PLACE<br>RICHMOND HILL GA 31324-                                                     |  | Name of Employer<br>ONYX PACKAGING<br>Transaction ID : TX187090<br>Occupation<br>COO                                                  |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  | Name of Employer<br>Occupation                                                                                                        |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  | Name of Employer<br>Occupation                                                                                                        |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  | Name of Employer<br>Occupation                                                                                                        |  |
|                                                                                                                                                                         |  | Date (month, day, year)                                                                                                               |  |
|                                                                                                                                                                         |  | Amount                                                                                                                                |  |
|                                                                                                                                                                         |  | 10/24/2024 3300.00                                                                                                                    |  |
|                                                                                                                                                                         |  | 10/24/2024 3300.00                                                                                                                    |  |