

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 JERRY CARL FOR CONGRESS																					
ADDRESS (number and street) PO BOX 852138																					
CITY MOBILE	STATE AL	ZIP CODE 36685																			
2. NAME OF CANDIDATE CARL, JERRY, LEE, , JR		3. OFFICE SOUGHT (State and District) House AL 01																			
4. FEC IDENTIFICATION NUMBER C00697789																					
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> A. FULL NAME THE FARM CREDIT COUNCIL POLITICAL ACTION COMMITTEE </td> <td style="padding: 5px;"> Name of Employer </td> <td style="padding: 5px;"> Date (month, day, year) 10/26/2022 </td> <td style="padding: 5px;"> Amount 2500.00 </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> MAILING ADDRESS 50 F STREET NW SUITE 900 </td> <td colspan="3" style="padding: 5px;"> Transaction ID : TX22719 </td> </tr> <tr> <td style="padding: 5px;"> CITY WASHINGTON </td> <td style="padding: 5px;"> STATE DC </td> <td style="padding: 5px;"> ZIP CODE 20001-1530 </td> <td style="padding: 5px;"> Occupation </td> <td colspan="2"></td> </tr> </table>				A. FULL NAME THE FARM CREDIT COUNCIL POLITICAL ACTION COMMITTEE			Name of Employer	Date (month, day, year) 10/26/2022	Amount 2500.00	MAILING ADDRESS 50 F STREET NW SUITE 900			Transaction ID : TX22719			CITY WASHINGTON	STATE DC	ZIP CODE 20001-1530	Occupation		
A. FULL NAME THE FARM CREDIT COUNCIL POLITICAL ACTION COMMITTEE			Name of Employer	Date (month, day, year) 10/26/2022	Amount 2500.00																
MAILING ADDRESS 50 F STREET NW SUITE 900			Transaction ID : TX22719																		
CITY WASHINGTON	STATE DC	ZIP CODE 20001-1530	Occupation																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> B. FULL NAME </td> <td style="padding: 5px;"> Name of Employer </td> <td style="padding: 5px;"> Date (month, day, year) </td> <td style="padding: 5px;"> Amount </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> MAILING ADDRESS </td> <td colspan="3"></td> </tr> <tr> <td style="padding: 5px;"> CITY </td> <td style="padding: 5px;"> STATE </td> <td style="padding: 5px;"> ZIP CODE </td> <td style="padding: 5px;"> Occupation </td> <td colspan="2"></td> </tr> </table>				B. FULL NAME			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS						CITY	STATE	ZIP CODE	Occupation		
B. FULL NAME			Name of Employer	Date (month, day, year)	Amount																
MAILING ADDRESS																					
CITY	STATE	ZIP CODE	Occupation																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> C. FULL NAME </td> <td style="padding: 5px;"> Name of Employer </td> <td style="padding: 5px;"> Date (month, day, year) </td> <td style="padding: 5px;"> Amount </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> MAILING ADDRESS </td> <td colspan="3"></td> </tr> <tr> <td style="padding: 5px;"> CITY </td> <td style="padding: 5px;"> STATE </td> <td style="padding: 5px;"> ZIP CODE </td> <td style="padding: 5px;"> Occupation </td> <td colspan="2"></td> </tr> </table>				C. FULL NAME			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS						CITY	STATE	ZIP CODE	Occupation		
C. FULL NAME			Name of Employer	Date (month, day, year)	Amount																
MAILING ADDRESS																					
CITY	STATE	ZIP CODE	Occupation																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> D. FULL NAME </td> <td style="padding: 5px;"> Name of Employer </td> <td style="padding: 5px;"> Date (month, day, year) </td> <td style="padding: 5px;"> Amount </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> MAILING ADDRESS </td> <td colspan="3"></td> </tr> <tr> <td style="padding: 5px;"> CITY </td> <td style="padding: 5px;"> STATE </td> <td style="padding: 5px;"> ZIP CODE </td> <td style="padding: 5px;"> Occupation </td> <td colspan="2"></td> </tr> </table>				D. FULL NAME			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS						CITY	STATE	ZIP CODE	Occupation		
D. FULL NAME			Name of Employer	Date (month, day, year)	Amount																
MAILING ADDRESS																					
CITY	STATE	ZIP CODE	Occupation																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> E. FULL NAME </td> <td style="padding: 5px;"> Name of Employer </td> <td style="padding: 5px;"> Date (month, day, year) </td> <td style="padding: 5px;"> Amount </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> MAILING ADDRESS </td> <td colspan="3"></td> </tr> <tr> <td style="padding: 5px;"> CITY </td> <td style="padding: 5px;"> STATE </td> <td style="padding: 5px;"> ZIP CODE </td> <td style="padding: 5px;"> Occupation </td> <td colspan="2"></td> </tr> </table>				E. FULL NAME			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS						CITY	STATE	ZIP CODE	Occupation		
E. FULL NAME			Name of Employer	Date (month, day, year)	Amount																
MAILING ADDRESS																					
CITY	STATE	ZIP CODE	Occupation																		
SIGNATURE (optional) RUTLAND, JANNA, , ,			DATE 10/31/2022	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																	
[Electronically Filed]																					

--	--	--

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)