

# 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> JAY OBERNOLTE FOR CONGRESS			
<b>ADDRESS</b> (number and street) 824 MILLEDGE CIR STE 101			
<b>CITY</b> ATHENS	<b>STATE</b> GA	<b>ZIP CODE</b> 30606	
<b>2. NAME OF CANDIDATE</b> OBERNOLTE, JAY, , ,		<b>3. OFFICE SOUGHT</b> (State and District) House CA 23	
		<b>4. FEC IDENTIFICATION NUMBER</b> C00720078	
<b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
<b>A. FULL NAME</b> AMERICAN ACADEMY OF DERMATOLOGY ASSOCIATION PAC (SKINPAC)			
<b>MAILING ADDRESS</b> 1201 PENNSYLVANIA AVE NW STE 540 CITY WASHINGTON		<b>STATE</b> DC	<b>ZIP CODE</b> 20004-2463
		<b>Name of Employer</b>	<b>Date</b> (month, day, year) 02/26/2024
		<b>Transaction ID</b> : 60DE529E4155844D4	<b>Amount</b> 1000.00
<b>B. FULL NAME</b> AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)			
<b>MAILING ADDRESS</b> 1120 CONNECTICUT AVE NW STE 600 CITY WASHINGTON		<b>STATE</b> DC	<b>ZIP CODE</b> 20036-3971
		<b>Name of Employer</b>	<b>Date</b> (month, day, year) 02/27/2024
		<b>Transaction ID</b> : 67AABAB9842054261	<b>Amount</b> 1000.00
<b>C. FULL NAME</b> AMERICAN PSYCHIATRIC ASSOCIATION PAC			
<b>MAILING ADDRESS</b> 800 MAINE AVE SW STE 900 CITY WASHINGTON		<b>STATE</b> DC	<b>ZIP CODE</b> 20024-2812
		<b>Name of Employer</b>	<b>Date</b> (month, day, year) 02/27/2024
		<b>Transaction ID</b> : 6D17F279B6D114B2E	<b>Amount</b> 1000.00
<b>D. FULL NAME</b> AMGEN INC. PAC			
<b>MAILING ADDRESS</b> 601 13TH ST NW STE 1100 CITY WASHINGTON		<b>STATE</b> DC	<b>ZIP CODE</b> 20005-3822
		<b>Name of Employer</b>	<b>Date</b> (month, day, year) 02/27/2024
		<b>Transaction ID</b> : 6A72322C136B84289	<b>Amount</b> 2500.00
<b>E. FULL NAME</b> NATIONAL EMERGENCY MEDICINE PAC / AMERICAN COLLEGE OF EMERGENCY PHYSICIANS			
<b>MAILING ADDRESS</b> 4950 W ROYAL LN CITY IRVING		<b>STATE</b> TX	<b>ZIP CODE</b> 75063-2524
		<b>Name of Employer</b>	<b>Date</b> (month, day, year) 02/27/2024
		<b>Transaction ID</b> : 67B114663957B401D	<b>Amount</b> 1000.00
<b>SIGNATURE</b> (optional) KILGORE, PAUL, , ,		<b>DATE</b> 02/28/2024	For further information, contact the Federal Election Commission 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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<b>1. NAME OF COMMITTEE IN FULL</b> JAY OBERNOLTE FOR CONGRESS			continuation page
<b>ADDRESS</b> (number and street) 824 MILLEDGE CIR STE 101			
<b>CITY, STATE, and ZIP CODE</b> ATHENS GA 30606			
<b>2. NAME OF CANDIDATE</b> OBERNOLTE, JAY, , ,	<b>3. OFFICE SOUGHT</b> (State and District) House CA 23	<b>4. FEC IDENTIFICATION NUMBER</b> C00720078	

5. IS THIS AN AMENDMENT?  NO, THIS IS A NEW FILING  YES, IT AMENDS THE NOTICE FILED ON \_\_\_\_ / \_\_\_\_ / \_\_\_\_

A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
MERCK & CO., INC., EMPLOYEES PAC (MERCK PAC)  601 PENNSYLVANIA AVE NW NORTH BUILDING, SUITE 1200 WASHINGTON DC 20004-2601	Name of Employer  <b>Transaction ID : 6C020486CFCC34120A12</b> Occupation	02/27/2024	1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE  AIRCRAFT OWNERS AND PILOTS ASSOCIATION PAC  421 AVIATION WAY  FREDERICK MD 21701	Name of Employer  <b>Transaction ID : 60541E1B3913A4FA196F</b> Occupation	02/27/2024	2500.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE  MCINNIS, BRIAN, K., MR.,  5712 HARRISON HOUSE CT  CENTREVILLE VA 20120-2807	Name of Employer  TRIMBLE INC.  <b>Transaction ID : 68D7159DA2D0F433B92A</b> Occupation VICE PRESIDENT	02/27/2024	1000.00
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