

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 Kim Klacik for Congress				
ADDRESS (number and street) 9618 Maxwell Road				
CITY Middle River		STATE MD		ZIP CODE 21220
2. NAME OF CANDIDATE Klacik, Kimberly, , ,			3. OFFICE SOUGHT (State and District) House MD 07	
4. FEC IDENTIFICATION NUMBER C00726117				
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____				
A. FULL NAME Antonowitsch, James, , ,				
MAILING ADDRESS 35 San Simeon			Name of Employer Retired	
CITY Laguna Niguel			STATE CA	
ZIP CODE 92677			Date (month, day, year) 10/20/2020	
Occupation Retired			Amount 1000.00	
Transaction ID : F65-182825				
B. FULL NAME Bahlburg, William, , ,				
MAILING ADDRESS PO Box 560430			Name of Employer Self-Employed	
CITY The Colony			STATE TX	
ZIP CODE 75056			Date (month, day, year) 10/19/2020	
Occupation Geologist			Amount 1000.00	
Transaction ID : F65-181470				
C. FULL NAME Colonna, Kimberly, , ,				
MAILING ADDRESS 9225 Guernsey Lane			Name of Employer Retired	
CITY Dallas			STATE TX	
ZIP CODE 75220			Date (month, day, year) 10/20/2020	
Occupation Retired			Amount 2800.00	
Transaction ID : F65-182337				
D. FULL NAME Echols, Michael, , ,				
MAILING ADDRESS 39198 Avenida la Cresta			Name of Employer NuWhirl Systems Corp	
CITY Murrieta			STATE CA	
ZIP CODE 92562			Date (month, day, year) 10/20/2020	
Occupation CEO			Amount 1000.00	
Transaction ID : F65-184047				
E. FULL NAME Edwards, Edward, , ,				
MAILING ADDRESS 5920 Robindale Road			Name of Employer Retired	
CITY Catonsville			STATE MD	
ZIP CODE 21228			Date (month, day, year) 10/20/2020	
Occupation Retired			Amount 1000.00	
Transaction ID : F65-182404				
SIGNATURE (optional) Stewart, Gregory, , ,			DATE 04/22/2021	
[Electronically Filed]			For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100	

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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A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
Exber, Brady, , , 2008 Glenview Drive Las Vegas NV 89134	Retired Transaction ID : F65-186347 Occupation Retired	10/19/2020	1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE F, W, , , P O Box 6144 Boise ID 83707	Name of Employer Wfm Ent Ilc Transaction ID : F65-182016 Occupation Ceo	Date (month, day, year) 10/20/2020	Amount 1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Goodman, Murray, H, , 777 South Flagler Drive West Palm Beach FL 33401	Name of Employer The Goodman Company Transaction ID : F65-188024 Occupation Chairman	Date (month, day, year) 10/19/2020	Amount 1000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE J Fancelli Living Trust, The Julia, , , 2000 East Edgewood Drive, Suite 10 Lakeland FL 33803	Name of Employer Retired Transaction ID : F65-189789 Occupation Retired	Date (month, day, year) 10/19/2020	Amount 2800.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE J Fancelli Trust, The Gregory, , , 2000 East Edgewood Drive, Suite 10 Lakeland FL 33803	Name of Employer Retired Transaction ID : F65-189790 Occupation Retired	Date (month, day, year) 10/19/2020	Amount 2800.00

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE Republican Party of Oneida County PO Box 1223 Rhinelanders WI 54501		Name of Employer Transaction ID : F65-188013 Occupation	Date (month, day, year) 10/19/2020 Amount 1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer Occupation	Date (month, day, year) Amount
C. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer Occupation	Date (month, day, year) Amount
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

continuation page

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