

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 Sheila Jackson Lee for Congress				
ADDRESS (number and street) 4412 Almeda Rd				
CITY Houston		STATE TX		ZIP CODE 77004
2. NAME OF CANDIDATE Jackson Lee, Sheila, , ,			3. OFFICE SOUGHT (State and District) House TX 18	
4. FEC IDENTIFICATION NUMBER C00287904				
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____				
A. FULL NAME Hall, Benjamin, , ,		Name of Employer Hall Law Firm		Date (month, day, year) 02/19/2024
MAILING ADDRESS 530 Little John Ln		Transaction ID : CDR-00000000018145		Amount 1000.00
CITY Houston	STATE TX	ZIP CODE 77024	Occupation Lawyer	
B. FULL NAME Coleman, Garnet, , ,		Name of Employer Self employed		Date (month, day, year) 02/19/2024
MAILING ADDRESS PO Box 88140		Transaction ID : CDR-00000000018145		Amount 3300.00
CITY Houston	STATE TX	ZIP CODE 77288	Occupation Consultant	
C. FULL NAME Shalala, Donna, , ,		Name of Employer The New School		Date (month, day, year) 02/20/2024
MAILING ADDRESS 60 Edgewater Dr, Apt 16F		Transaction ID : CDR-00000000018154		Amount 1000.00
CITY Coral Gables	STATE FL	ZIP CODE 33133	Occupation Interim President	
D. FULL NAME Goodman, Barry, , ,		Name of Employer The Goodman Corporation		Date (month, day, year) 02/20/2024
MAILING ADDRESS 3200 Travis St, Ste 200		Transaction ID : CDR-00000000018165		Amount 1500.00
CITY Houston	STATE TX	ZIP CODE 77006	Occupation Professional	
E. FULL NAME Strong, Patti, , ,		Name of Employer Strong Strategies		Date (month, day, year) 02/20/2024
MAILING ADDRESS 5100 San Felipe St, Unit 332E		Transaction ID : CDR-00000000018176		Amount 1000.00
CITY Houston	STATE TX	ZIP CODE 77056	Occupation Executive	
SIGNATURE (optional) Karen, Grays-Gray, , ,			DATE 02/21/2024	For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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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continuation page			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Donnelly, David, , , 5100 San Felipe St, Unit 332E Houston TX 77056		Name of Employer Carr, Riggs & Ingraham LLC Date (month, day, year) 02/20/2024 Amount 1000.00 Transaction ID : CDR-0000000001817025 Occupation CPA	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Wischnewsky, Darryl, , , 12333 Gulf Fwy Houston TX 77034		Name of Employer Bayway Autogroup Date (month, day, year) 02/20/2024 Amount 1500.00 Transaction ID : CDR-0000000001817030 Occupation Owner	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Sylvester Turner For Mayor Campaign PO Box 56386 Houston TX 77256		Name of Employer Date (month, day, year) 02/20/2024 Amount 3300.00 Transaction ID : CDR-0000000001817035 Occupation	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Progressive Choices PAC PO Box 58 Evanston IL 60204		Name of Employer Date (month, day, year) 02/20/2024 Amount 1000.00 Transaction ID : CDR-0000000001817068 Occupation	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
American Society of Anesthesiologists 1061 American Ln Schaumburg IL 60173		Name of Employer Date (month, day, year) 02/20/2024 Amount 2500.00 Transaction ID : CDR-0000000001817076 Occupation	

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Mayberry, Aileen, , , PO Box 88025 Houston TX 77288		Name of Employer Bechtel Oil, Gas, & Chemicals Date (month, day, year) 02/20/2024 Amount 5000.00 Transaction ID : CDR-0000000001817087 Occupation Supervisor	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer Date (month, day, year) Amount Occupation	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer Date (month, day, year) Amount Occupation	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer Date (month, day, year) Amount Occupation	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer Date (month, day, year) Amount Occupation	

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