

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 BUTLER FOR FLORIDA					
ADDRESS (number and street) PO BOX 208					
CITY OKEECHOBEE		STATE FL		ZIP CODE 34973-0208	
2. NAME OF CANDIDATE BUTLER, BENJAMIN, , ,			3. OFFICE SOUGHT (State and District) House FL 09		4. FEC IDENTIFICATION NUMBER C00951053
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____					
A. FULL NAME COUNCIL OF PRODUCERS AND DISTRIBUTORS OF AGROTECHNOLOGY PAC (CPDA-PAC)				Name of Employer	
MAILING ADDRESS 4201 WILSON BLVD				Date (month, day, year) 08/03/2026	
CITY ARLINGTON				Amount 2500.00	
STATE VA				Transaction ID : 6FBE85CFAB2784B9	
ZIP CODE 22203-1803				Occupation	
B. FULL NAME NATIONAL CATTLEMEN'S BEEF ASSOCIATION PAC (NCBA-PAC)				Name of Employer	
MAILING ADDRESS 1275 PENNSYLVANIA AVE NW STE 801				Date (month, day, year) 08/03/2026	
CITY WASHINGTON				Amount 5000.00	
STATE DC				Transaction ID : 60218ACEA97724397	
ZIP CODE 20004-2434				Occupation	
C. FULL NAME TROUTMAN, BAXTER, G., MR.,				Name of Employer	
MAILING ADDRESS PO BOX 1043				Date (month, day, year) 08/04/2026	
CITY WINTER HAVEN				Amount 2000.00	
STATE FL				Transaction ID : 6B3EF76A41EC24385	
ZIP CODE 33882-1043				Occupation	
D. FULL NAME MCCLELLAN, DALE, , ,				Name of Employer	
MAILING ADDRESS 11222 THONOTOSASSA RD				Date (month, day, year) 08/04/2026	
CITY THONOTOSASSA				Amount 1041.02	
STATE FL				Transaction ID : 649115999BC274C44	
ZIP CODE 33592-3012				Occupation	
E. FULL NAME BEXLEY, BRYAN, , ,				Name of Employer	
MAILING ADDRESS PO BOX 18163				Date (month, day, year) 08/04/2026	
CITY TAMPA				Amount 1041.02	
STATE FL				Transaction ID : 62941C04569E841ED	
ZIP CODE 33679-8163				Occupation	
SIGNATURE (optional) KILGORE, PAUL, , ,				DATE 08/05/2026	
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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continuation page			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE CLARK, MONICA, M., MRS., 1900 SW 5TH AVE OKEECHOBEE FL 34974-3434		Name of Employer GLADES GAS COMPANY OF OKEECHOBEE INC Transaction ID : 60201AFF07E74422EACB Occupation PRESIDENT Date (month, day, year) 08/04/2026 Amount 1000.00	
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	