

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 Esther for Congress			
ADDRESS (number and street) 801 BEND BLVD APT 313			
CITY EAST MOLINE	STATE IL	ZIP CODE 61244-1212	
2. NAME OF CANDIDATE King, Esther, Joy, ,		3. OFFICE SOUGHT (State and District) IL 17	4. FEC IDENTIFICATION NUMBER C00716498
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____			

A. FULL NAME REPUBLICAN GOVERNANCE GROUP/ TUESDAY GROUP PAC MAILING ADDRESS 610 SOUTH BOULEVARD <table style="width: 100%;"> <tr> <td style="width: 33%;">CITY TAMPA</td> <td style="width: 17%;">STATE FL</td> <td style="width: 50%;">ZIP CODE 33606-</td> </tr> </table>	CITY TAMPA	STATE FL	ZIP CODE 33606-	Name of Employer Transaction ID : TX80095 Occupation	Date (month, day, year) 10/21/2022	Amount 1500.00
CITY TAMPA	STATE FL	ZIP CODE 33606-				
B. FULL NAME LOCKE LORD LLP PAC MAILING ADDRESS 600 TRAVIS STREET <table style="width: 100%;"> <tr> <td style="width: 33%;">CITY HOUSTON</td> <td style="width: 17%;">STATE TX</td> <td style="width: 50%;">ZIP CODE 77002-</td> </tr> </table>	CITY HOUSTON	STATE TX	ZIP CODE 77002-	Name of Employer Transaction ID : TX80097 Occupation	Date (month, day, year) 10/21/2022	Amount 1000.00
CITY HOUSTON	STATE TX	ZIP CODE 77002-				
C. FULL NAME CARRY ON PAC MAILING ADDRESS 824 S MILLEDGE AVE STE 101 <table style="width: 100%;"> <tr> <td style="width: 33%;">CITY ATHENS</td> <td style="width: 17%;">STATE GA</td> <td style="width: 50%;">ZIP CODE 30605-</td> </tr> </table>	CITY ATHENS	STATE GA	ZIP CODE 30605-	Name of Employer Transaction ID : TX80098 Occupation	Date (month, day, year) 10/21/2022	Amount 1000.00
CITY ATHENS	STATE GA	ZIP CODE 30605-				
D. FULL NAME CHRISTENSEN, MARY ANN, , , MAILING ADDRESS 23077 223RD AVENUE <table style="width: 100%;"> <tr> <td style="width: 33%;">CITY SLEEPY EYE</td> <td style="width: 17%;">STATE MN</td> <td style="width: 50%;">ZIP CODE 56085-4133</td> </tr> </table>	CITY SLEEPY EYE	STATE MN	ZIP CODE 56085-4133	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Transaction ID : TX80096 Occupation INFORMATION REQUESTED PER BI	Date (month, day, year) 10/21/2022	Amount 1000.00
CITY SLEEPY EYE	STATE MN	ZIP CODE 56085-4133				
E. FULL NAME CLAR, ROGER, , , MAILING ADDRESS 115 CONCORD LANE <table style="width: 100%;"> <tr> <td style="width: 33%;">CITY BOLINGBROOK</td> <td style="width: 17%;">STATE IL</td> <td style="width: 50%;">ZIP CODE 60440-</td> </tr> </table>	CITY BOLINGBROOK	STATE IL	ZIP CODE 60440-	Name of Employer RETIRED Transaction ID : TX80102 Occupation RETIRED	Date (month, day, year) 10/21/2022	Amount 1000.00
CITY BOLINGBROOK	STATE IL	ZIP CODE 60440-				

SIGNATURE (optional) Kilgore, Paul, , , [Electronically Filed]	DATE 10/21/2022	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
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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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A. FULL NAME, MAILING ADDRESS AND ZIP CODE GIRGENTI, DAVID, , , 1370 BROWN HILLS ROAD ROCKFORD IL 61107-	Name of Employer RETIRED Transaction ID : TX80100 Occupation RETIRED	Date (month, day, year) 10/21/2022	Amount 1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE SIDDIQ, TIMUR, , , 6671 CHERBOURG CIR INDIANAPOLIS IN 46220-6015	Name of Employer MERCHANDISE WAREHOUSE CO, INC Transaction ID : TX80101 Occupation CHAIRMAN CEO	Date (month, day, year) 10/21/2022	Amount 1900.00
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