

# 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<br>ROGER WILLIAMS FOR US CONGRESS                                                                                                          |             |                                                      |                                                                                                             |
| ADDRESS (number and street) 10 N. CADDO ST.<br>PMB #174                                                                                                                 |             |                                                      |                                                                                                             |
| CITY<br>CLEBURNE                                                                                                                                                        | STATE<br>TX | ZIP CODE<br>76031                                    |                                                                                                             |
| 2. NAME OF CANDIDATE<br>WILLIAMS, ROGER, , ,                                                                                                                            |             | 3. OFFICE SOUGHT (State and District)<br>House TX 25 |                                                                                                             |
|                                                                                                                                                                         |             | 4. FEC IDENTIFICATION NUMBER<br>C00498121            |                                                                                                             |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |             |                                                      |                                                                                                             |
| A. FULL NAME<br>AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)                                                                                                              |             | Name of Employer                                     | Date (month, day, year)                                                                                     |
| MAILING ADDRESS<br>1120 CONNECTICUT AVENUE NW<br>SUITE 600                                                                                                              |             | Transaction ID : TX40229                             | Amount                                                                                                      |
| CITY<br>WASHINGTON                                                                                                                                                      | STATE<br>DC | ZIP CODE<br>20036-3971                               | 10/21/2024<br>3000.00                                                                                       |
| B. FULL NAME<br>HEIDELBERG MATERIALS US, INC. POLITICAL ACTION COMMITTEE                                                                                                |             | Name of Employer                                     | Date (month, day, year)                                                                                     |
| MAILING ADDRESS<br>300 E JOHN CARPENTER FREEWAY                                                                                                                         |             | Transaction ID : TX40230                             | Amount                                                                                                      |
| CITY<br>IRVING                                                                                                                                                          | STATE<br>TX | ZIP CODE<br>75062-                                   | 10/21/2024<br>2500.00                                                                                       |
| C. FULL NAME<br>BEARDEN, GEORGE, F., MR., JR.                                                                                                                           |             | Name of Employer<br>TEXAS BANK                       | Date (month, day, year)                                                                                     |
| MAILING ADDRESS<br>901 SANTA FE DR.                                                                                                                                     |             | Transaction ID : TX40228                             | Amount                                                                                                      |
| CITY<br>WEATHERFORD                                                                                                                                                     | STATE<br>TX | ZIP CODE<br>76086-5813                               | 10/21/2024<br>1000.00                                                                                       |
| D. FULL NAME                                                                                                                                                            |             | Name of Employer                                     | Date (month, day, year)                                                                                     |
| MAILING ADDRESS                                                                                                                                                         |             |                                                      | Amount                                                                                                      |
| CITY                                                                                                                                                                    | STATE       | ZIP CODE                                             | Occupation                                                                                                  |
| E. FULL NAME                                                                                                                                                            |             | Name of Employer                                     | Date (month, day, year)                                                                                     |
| MAILING ADDRESS                                                                                                                                                         |             |                                                      | Amount                                                                                                      |
| CITY                                                                                                                                                                    | STATE       | ZIP CODE                                             | Occupation                                                                                                  |
| SIGNATURE (optional)<br>FARMER, GARY, S., ,                                                                                                                             |             | DATE<br>10/22/2024                                   | For further information,<br>contact the Federal Election Commission<br>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)