

# 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>FRIENDS OF DAVE JOYCE                                                                                                                   |  |             |                                                      |                                       |                                           |
| ADDRESS (number and street) 9856 ARCHER LN                                                                                                                              |  |             |                                                      |                                       |                                           |
| CITY<br>DUBLIN                                                                                                                                                          |  | STATE<br>OH |                                                      | ZIP CODE<br>43017-8914                |                                           |
| 2. NAME OF CANDIDATE<br>JOYCE, DAVID, P., ,                                                                                                                             |  |             | 3. OFFICE SOUGHT (State and District)<br>House OH 14 |                                       | 4. FEC IDENTIFICATION NUMBER<br>C00527457 |
| 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>BASF CORP. EMPLOYEES                                                                                                                                    |  |             |                                                      | Name of Employer                      |                                           |
| MAILING ADDRESS<br>100 CAMPUS DR                                                                                                                                        |  |             |                                                      | Date (month, day, year)<br>11/01/2024 |                                           |
| CITY<br>FLORHAM PARK                                                                                                                                                    |  |             |                                                      | Amount<br>2000.00                     |                                           |
| STATE<br>NJ                                                                                                                                                             |  |             |                                                      | Transaction ID : 6DEC4B3570ED4421     |                                           |
| ZIP CODE<br>07932-1020                                                                                                                                                  |  |             |                                                      | Occupation                            |                                           |
| B. FULL NAME<br>MS BAND OF CHOCTAW INDIANS                                                                                                                              |  |             |                                                      | Name of Employer                      |                                           |
| MAILING ADDRESS<br>PO BOX 6090/101                                                                                                                                      |  |             |                                                      | Date (month, day, year)<br>11/01/2024 |                                           |
| CITY<br>PHILADELPHIA                                                                                                                                                    |  |             |                                                      | Amount<br>1000.00                     |                                           |
| STATE<br>MS                                                                                                                                                             |  |             |                                                      | Transaction ID : 62BEAC38FEDF1443     |                                           |
| ZIP CODE<br>39350                                                                                                                                                       |  |             |                                                      | Occupation                            |                                           |
| C. FULL NAME<br>NATIONAL ASSOCIATION OF LETTER CARRIERS OF U.S.A. POLITICAL FUND (LETTER CARRIER POLITICAL FUND)                                                        |  |             |                                                      | Name of Employer                      |                                           |
| MAILING ADDRESS<br>100 INDIANA AVE NW                                                                                                                                   |  |             |                                                      | Date (month, day, year)<br>11/01/2024 |                                           |
| CITY<br>WASHINGTON                                                                                                                                                      |  |             |                                                      | Amount<br>5000.00                     |                                           |
| STATE<br>DC                                                                                                                                                             |  |             |                                                      | Transaction ID : 6ED2540B5779049E5    |                                           |
| ZIP CODE<br>20001-2143                                                                                                                                                  |  |             |                                                      | Occupation                            |                                           |
| D. FULL NAME<br>CHEROKEE NATION                                                                                                                                         |  |             |                                                      | Name of Employer                      |                                           |
| MAILING ADDRESS<br>PO BOX 948                                                                                                                                           |  |             |                                                      | Date (month, day, year)<br>11/01/2024 |                                           |
| CITY<br>TAHLEQUAH                                                                                                                                                       |  |             |                                                      | Amount<br>3300.00                     |                                           |
| STATE<br>OK                                                                                                                                                             |  |             |                                                      | Transaction ID : 682576B443F72466E    |                                           |
| ZIP CODE<br>74465-0948                                                                                                                                                  |  |             |                                                      | Occupation                            |                                           |
| E. FULL NAME<br>CRH AMERICAS, INC. PAC                                                                                                                                  |  |             |                                                      | Name of Employer                      |                                           |
| MAILING ADDRESS<br>800 MAINE AVE SW                                                                                                                                     |  |             |                                                      | Date (month, day, year)<br>11/01/2024 |                                           |
| CITY<br>WASHINGTON                                                                                                                                                      |  |             |                                                      | Amount<br>1000.00                     |                                           |
| STATE<br>DC                                                                                                                                                             |  |             |                                                      | Transaction ID : 67F223254346343979   |                                           |
| ZIP CODE<br>20024-2806                                                                                                                                                  |  |             |                                                      | Occupation                            |                                           |
| SIGNATURE (optional)<br>BAUR, NATALIE, , ,                                                                                                                              |  |             |                                                      | DATE<br>11/03/2024                    |                                           |
| 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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| 1. NAME OF COMMITTEE IN FULL<br>FRIENDS OF DAVE JOYCE                                                                                                                |  |                                                      |  |
| ADDRESS (number and street) 9856 ARCHER LN                                                                                                                           |  |                                                      |  |
| CITY, STATE, and ZIP CODE<br>DUBLIN OH 43017-8914                                                                                                                    |  |                                                      |  |
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|                                                                                                                                                                      |  | 4. FEC IDENTIFICATION NUMBER<br>C00527457            |  |
| 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, MAILING ADDRESS AND ZIP CODE                                                                                                                           |  |                                                      |  |
| DELOITTE PAC                                                                                                                                                         |  | Name of Employer                                     |  |
| PO BOX 365                                                                                                                                                           |  | Date (month, day, year)<br>11/01/2024                |  |
| WASHINGTON DC 20044-0365                                                                                                                                             |  | Amount<br>1000.00                                    |  |
|                                                                                                                                                                      |  | Transaction ID : 61B7B64848CC649EC8CF                |  |
|                                                                                                                                                                      |  | Occupation                                           |  |
| 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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