

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 Joe Wilson for Congress				
ADDRESS (number and street) PO Box 2145				
CITY West Columbia	STATE SC	ZIP CODE 29171-2145		
2. NAME OF CANDIDATE Wilson, Joe, , The Hon.,		3. OFFICE SOUGHT (State and District) House SC 02		4. FEC IDENTIFICATION NUMBER C00368522
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____				
A. FULL NAME BRIDGESTONE AMERICAS INC. PAC		Name of Employer		Date (month, day, year)
MAILING ADDRESS 1100 NEW YORK AVENUE NW SUITE 305 EAST CITY WASHINGTON		Transaction ID : TX152468 Occupation		Amount 1000.00
STATE DC		ZIP CODE 20005-3934		10/21/2024
B. FULL NAME MCLENDON, WALTER, D., ,		Name of Employer SPECIAL CARE MEDICAL		Date (month, day, year)
MAILING ADDRESS PO BOX 212054 CITY COLUMBIA		Transaction ID : TX152464 Occupation OWNER		Amount 3300.00
STATE SC		ZIP CODE 29221-2054		10/21/2024
C. FULL NAME STERN, LINDA, C., ,		Name of Employer HOMEMAKER		Date (month, day, year)
MAILING ADDRESS 2134 BERMUDA HILLS ROAD CITY COLUMBIA		Transaction ID : TX152465 Occupation HOMEMAKER		Amount 3300.00
STATE SC		ZIP CODE 29223-6733		10/21/2024
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) Burkett, Donald, H., ,			DATE 10/22/2024	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)