

# 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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                          |                                                             |                               |                                                |                                                                                                                                              |  |                             |  |                                              |                       |                                   |  |  |                                    |  |                       |                    |                          |                       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------|-------------------------------------------------------------|-------------------------------|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------|--|----------------------------------------------|-----------------------|-----------------------------------|--|--|------------------------------------|--|-----------------------|--------------------|--------------------------|-----------------------|--|
| <b>1. NAME OF COMMITTEE IN FULL</b><br>YVETTE4CONGRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |                                                             |                               |                                                |                                                                                                                                              |  |                             |  |                                              |                       |                                   |  |  |                                    |  |                       |                    |                          |                       |  |
| <b>ADDRESS</b> (number and street) PO Box 404                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                          |                                                             |                               |                                                |                                                                                                                                              |  |                             |  |                                              |                       |                                   |  |  |                                    |  |                       |                    |                          |                       |  |
| <b>CITY</b><br>La Luz                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    | <b>STATE</b><br>NM       |                                                             | <b>ZIP CODE</b><br>88337-0404 |                                                |                                                                                                                                              |  |                             |  |                                              |                       |                                   |  |  |                                    |  |                       |                    |                          |                       |  |
| <b>2. NAME OF CANDIDATE</b><br>Herrell, Stella Yvette, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                          | <b>3. OFFICE SOUGHT</b> (State and District)<br>House NM 02 |                               |                                                |                                                                                                                                              |  |                             |  |                                              |                       |                                   |  |  |                                    |  |                       |                    |                          |                       |  |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00655571                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                          |                                                             |                               |                                                |                                                                                                                                              |  |                             |  |                                              |                       |                                   |  |  |                                    |  |                       |                    |                          |                       |  |
| <b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                          |                                                             |                               |                                                |                                                                                                                                              |  |                             |  |                                              |                       |                                   |  |  |                                    |  |                       |                    |                          |                       |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"><b>A. FULL NAME</b><br/>Boone, Dan, W, Mr., III</td> <td colspan="2">Name of Employer<br/>Retired</td> <td rowspan="3">Date (month,<br/>day, year)<br/><br/>10/25/2024</td> <td rowspan="3">Amount<br/><br/>1300.00</td> </tr> <tr> <td colspan="3">MAILING ADDRESS<br/>4123 Spring Is</td> <td colspan="2">Transaction ID : 6755AF661FC3E4623</td> </tr> <tr> <td><b>CITY</b><br/>Okatie</td> <td><b>STATE</b><br/>SC</td> <td><b>ZIP CODE</b><br/>29909</td> <td colspan="2">Occupation<br/>Retired</td> </tr> </table> |                    |                          |                                                             |                               | <b>A. FULL NAME</b><br>Boone, Dan, W, Mr., III |                                                                                                                                              |  | Name of Employer<br>Retired |  | Date (month,<br>day, year)<br><br>10/25/2024 | Amount<br><br>1300.00 | MAILING ADDRESS<br>4123 Spring Is |  |  | Transaction ID : 6755AF661FC3E4623 |  | <b>CITY</b><br>Okatie | <b>STATE</b><br>SC | <b>ZIP CODE</b><br>29909 | Occupation<br>Retired |  |
| <b>A. FULL NAME</b><br>Boone, Dan, W, Mr., III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                          | Name of Employer<br>Retired                                 |                               | Date (month,<br>day, year)<br><br>10/25/2024   | Amount<br><br>1300.00                                                                                                                        |  |                             |  |                                              |                       |                                   |  |  |                                    |  |                       |                    |                          |                       |  |
| MAILING ADDRESS<br>4123 Spring Is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                          | Transaction ID : 6755AF661FC3E4623                          |                               |                                                |                                                                                                                                              |  |                             |  |                                              |                       |                                   |  |  |                                    |  |                       |                    |                          |                       |  |
| <b>CITY</b><br>Okatie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>STATE</b><br>SC | <b>ZIP CODE</b><br>29909 | Occupation<br>Retired                                       |                               |                                                |                                                                                                                                              |  |                             |  |                                              |                       |                                   |  |  |                                    |  |                       |                    |                          |                       |  |
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| <b>B. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                          | Name of Employer                                            |                               | Date (month,<br>day, year)                     | Amount                                                                                                                                       |  |                             |  |                                              |                       |                                   |  |  |                                    |  |                       |                    |                          |                       |  |
| MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                          |                                                             |                               |                                                |                                                                                                                                              |  |                             |  |                                              |                       |                                   |  |  |                                    |  |                       |                    |                          |                       |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>STATE</b>       | <b>ZIP CODE</b>          | Occupation                                                  |                               |                                                |                                                                                                                                              |  |                             |  |                                              |                       |                                   |  |  |                                    |  |                       |                    |                          |                       |  |
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| <b>C. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                          | Name of Employer                                            |                               | Date (month,<br>day, year)                     | Amount                                                                                                                                       |  |                             |  |                                              |                       |                                   |  |  |                                    |  |                       |                    |                          |                       |  |
| MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                          |                                                             |                               |                                                |                                                                                                                                              |  |                             |  |                                              |                       |                                   |  |  |                                    |  |                       |                    |                          |                       |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>STATE</b>       | <b>ZIP CODE</b>          | Occupation                                                  |                               |                                                |                                                                                                                                              |  |                             |  |                                              |                       |                                   |  |  |                                    |  |                       |                    |                          |                       |  |
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| <b>D. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                          | Name of Employer                                            |                               | Date (month,<br>day, year)                     | Amount                                                                                                                                       |  |                             |  |                                              |                       |                                   |  |  |                                    |  |                       |                    |                          |                       |  |
| MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                          |                                                             |                               |                                                |                                                                                                                                              |  |                             |  |                                              |                       |                                   |  |  |                                    |  |                       |                    |                          |                       |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>STATE</b>       | <b>ZIP CODE</b>          | Occupation                                                  |                               |                                                |                                                                                                                                              |  |                             |  |                                              |                       |                                   |  |  |                                    |  |                       |                    |                          |                       |  |
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| <b>E. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                          | Name of Employer                                            |                               | Date (month,<br>day, year)                     | Amount                                                                                                                                       |  |                             |  |                                              |                       |                                   |  |  |                                    |  |                       |                    |                          |                       |  |
| MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                          |                                                             |                               |                                                |                                                                                                                                              |  |                             |  |                                              |                       |                                   |  |  |                                    |  |                       |                    |                          |                       |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>STATE</b>       | <b>ZIP CODE</b>          | Occupation                                                  |                               |                                                |                                                                                                                                              |  |                             |  |                                              |                       |                                   |  |  |                                    |  |                       |                    |                          |                       |  |
| <b>SIGNATURE (optional)</b><br>Galassini, Rocky, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                          |                                                             | <b>DATE</b><br>10/25/2024     |                                                | For further information,<br>contact the Federal Election Commission<br>at 800-424-9530 or visit <a href="http://www.fec.gov">www.fec.gov</a> |  |                             |  |                                              |                       |                                   |  |  |                                    |  |                       |                    |                          |                       |  |

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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)