

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 Van Orden for Congress | | | |
| ADDRESS (number and street) PO Box 1836 | | | |
| CITY La Crosse | STATE WI | ZIP CODE 54602 | |
| 2. NAME OF CANDIDATE Van Orden, Derrick, F., Mr., | | 3. OFFICE SOUGHT (State and District) House WI 03 | |
| 4. FEC IDENTIFICATION NUMBER C00742007 | | | |
| 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 INTERNATIONAL DAIRY FOODS ASSOCIATION (IDFA) PAC | | | |
| MAILING ADDRESS 1250 H STREET, NW SUITE 900 CITY WASHINGTON | | STATE DC | ZIP CODE 20005- |
| Name of Employer Transaction ID : TX405772 | | Date (month, day, year) 07/25/2024 | Amount 1000.00 |
| Occupation INTERNATIONAL DAIRY FOODS ASSOCIATION (IDFA) PAC | | | |
| B. FULL NAME AMERICAN BANKERS ASSOCIATION PAC (BANKPAC) | | | |
| MAILING ADDRESS 1333 NEW HAMPSHIRE AVE. NW CITY WASHINGTON | | STATE DC | ZIP CODE 20036-1511 |
| Name of Employer Transaction ID : TX405773 | | Date (month, day, year) 07/25/2024 | Amount 1000.00 |
| Occupation AMERICAN BANKERS ASSOCIATION PAC (BANKPAC) | | | |
| C. FULL NAME AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGAT | | | |
| MAILING ADDRESS 10275 W. HIGGINS RD SUITE 500 - C/O FINANCE DEPARTMENT CITY ROSEMENT | | STATE IL | ZIP CODE 60018- |
| Name of Employer Transaction ID : TX405774 | | Date (month, day, year) 07/25/2024 | Amount 2500.00 |
| Occupation AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGAT | | | |
| D. FULL NAME BURCKLE, RICHARD, J., MR., | | | |
| MAILING ADDRESS 1509 CARRIAGE LN CITY NEW BERLIN | | STATE WI | ZIP CODE 53151-1441 |
| Name of Employer Transaction ID : TX405769 | | Date (month, day, year) 07/25/2024 | Amount 1200.00 |
| Occupation RETIRED IT CONTRACTOR | | | |
| E. FULL NAME IVERSEN, BERNT, , , II | | | |
| MAILING ADDRESS 1317 E. ASHELY AVE. CITY FOLLY BEACH | | STATE SC | ZIP CODE 29439- |
| Name of Employer Transaction ID : TX405771 | | Date (month, day, year) 07/25/2024 | Amount 2500.00 |
| Occupation INFORMATION REQUESTED PER BI | | | |
| SIGNATURE (optional) Clancy, Mary, , Mrs., | | DATE 07/26/2024 | 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)

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 Van Orden for Congress | | |
| ADDRESS (number and street) PO Box 1836 | | |
| CITY, STATE, and ZIP CODE La Crosse WI 54602 | | |

continuation page

| | | |
|---|---|--|
| 2. NAME OF CANDIDATE Van Orden, Derrick, F., Mr., | 3. OFFICE SOUGHT (State and District) House WI 03 | 4. FEC IDENTIFICATION NUMBER C00742007 |
|---|---|--|

5. IS THIS AN AMENDMENT? NO, THIS IS A NEW FILING YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____

| A. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer | Date (month, day, year) | Amount |
|--|--|-------------------------|---------|
| SMITH, JAY , , , 4101 COUNTY M MIDDLETON WI 53562- | SMITH HOLDINGS, LLC Transaction ID : TX405770 Occupation OWNER | 07/25/2024 | 2000.00 |
| 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 | | |