

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>CLEAVER FOR CONGRESS                                                                                                                    |  |             |                                                      |                                                                                                                    |
| ADDRESS (number and street) P.O.Box 411872                                                                                                                              |  |             |                                                      |                                                                                                                    |
| CITY<br>Kansas City                                                                                                                                                     |  | STATE<br>MO |                                                      | ZIP CODE<br>64141                                                                                                  |
| 2. NAME OF CANDIDATE<br>Cleaver II, Emanuel, , ,                                                                                                                        |  |             | 3. OFFICE SOUGHT (State and District)<br>House MO 05 |                                                                                                                    |
| 4. FEC IDENTIFICATION NUMBER<br>C00395848                                                                                                                               |  |             |                                                      |                                                                                                                    |
| 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>Cleveland III, Carl, , ,                                                                                                                                |  |             |                                                      | Name of Employer<br>CUKC<br><br>Transaction ID : 62BAA613ABE984D4<br><br>Occupation<br>Chiropractor                |
| MAILING ADDRESS<br>411 W 46th St<br>Unit 804                                                                                                                            |  |             |                                                      |                                                                                                                    |
| CITY<br>Kansas City                                                                                                                                                     |  | STATE<br>MO | ZIP CODE<br>64112-1413                               |                                                                                                                    |
| Date (month, day, year)<br>10/22/2024                                                                                                                                   |  |             |                                                      |                                                                                                                    |
| Amount<br>1000.00                                                                                                                                                       |  |             |                                                      |                                                                                                                    |
| B. FULL NAME<br>Action Committee For Rural Electrificati                                                                                                                |  |             |                                                      | Name of Employer<br><br>Transaction ID : 6FED02AA701444057<br><br>Occupation                                       |
| MAILING ADDRESS<br>4301 Wilson Blvd                                                                                                                                     |  |             |                                                      |                                                                                                                    |
| CITY<br>Arlington                                                                                                                                                       |  | STATE<br>VA | ZIP CODE<br>22203-4419                               |                                                                                                                    |
| Date (month, day, year)<br>10/22/2024                                                                                                                                   |  |             |                                                      |                                                                                                                    |
| Amount<br>1000.00                                                                                                                                                       |  |             |                                                      |                                                                                                                    |
| C. FULL NAME<br>Dillingham, John, , ,                                                                                                                                   |  |             |                                                      | Name of Employer<br>Retired<br><br>Transaction ID : 6678E5664DE154E31<br><br>Occupation<br>Retired                 |
| MAILING ADDRESS<br>4040 NW Claymont Dr                                                                                                                                  |  |             |                                                      |                                                                                                                    |
| CITY<br>Kansas City                                                                                                                                                     |  | STATE<br>MO | ZIP CODE<br>64116-1751                               |                                                                                                                    |
| Date (month, day, year)<br>10/23/2024                                                                                                                                   |  |             |                                                      |                                                                                                                    |
| Amount<br>1000.00                                                                                                                                                       |  |             |                                                      |                                                                                                                    |
| D. FULL NAME<br>Shurin, Leland, , ,                                                                                                                                     |  |             |                                                      | Name of Employer<br>Shaffer Lombardo Shurin<br><br>Transaction ID : 62ACA151BBAE5446<br><br>Occupation<br>Attorney |
| MAILING ADDRESS<br>411 W 46th Ter                                                                                                                                       |  |             |                                                      |                                                                                                                    |
| CITY<br>Kansas City                                                                                                                                                     |  | STATE<br>MO | ZIP CODE<br>64112-1460                               |                                                                                                                    |
| Date (month, day, year)<br>10/23/2024                                                                                                                                   |  |             |                                                      |                                                                                                                    |
| Amount<br>1000.00                                                                                                                                                       |  |             |                                                      |                                                                                                                    |
| E. FULL NAME<br>Nea Fund For Children And Public Educati                                                                                                                |  |             |                                                      | Name of Employer<br><br>Transaction ID : 6FFC8CA2908704D7!<br><br>Occupation                                       |
| MAILING ADDRESS<br>1201 16th St Nw Ste 420                                                                                                                              |  |             |                                                      |                                                                                                                    |
| CITY<br>Washington                                                                                                                                                      |  | STATE<br>DC | ZIP CODE<br>20036-3201                               |                                                                                                                    |
| Date (month, day, year)<br>10/23/2024                                                                                                                                   |  |             |                                                      |                                                                                                                    |
| Amount<br>2000.00                                                                                                                                                       |  |             |                                                      |                                                                                                                    |
| SIGNATURE (optional)<br>Washington, Luther, , ,                                                                                                                         |  |             | DATE<br>10/23/2024                                   |                                                                                                                    |
| 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.

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| ADDRESS (number and street) P.O.Box 411872                                                                                                                              |  |                                                      |                         |
| CITY, STATE, and ZIP CODE<br>Kansas City MO 64141                                                                                                                       |  |                                                      |                         |
| 2. NAME OF CANDIDATE<br>Cleaver II, Emanuel, , ,                                                                                                                        |  | 3. OFFICE SOUGHT (State and District)<br>House MO 05 |                         |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00395848            |                         |
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| A. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |                         |
| American Postal Workers Union Committee                                                                                                                                 |  | Name of Employer                                     | Date (month, day, year) |
| 1300 L Street Nw                                                                                                                                                        |  |                                                      | 10/23/2024              |
| Washington DC 20005-4107                                                                                                                                                |  | Transaction ID : 6B0980C4161E24ED0957                | Amount<br>2500.00       |
|                                                                                                                                                                         |  | 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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