

# 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>DEBORAH ADEIMY FOR CONGRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                             |                                 |                                                  |                                                                                                                                              |  |  |                             |                                       |                   |                                         |  |  |                                 |  |                           |                    |                          |                       |  |
| <b>ADDRESS</b> (number and street) PO BOX 20257                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                             |                                 |                                                  |                                                                                                                                              |  |  |                             |                                       |                   |                                         |  |  |                                 |  |                           |                    |                          |                       |  |
| <b>CITY</b><br>WEST PALM BEACH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>STATE</b><br>FL | <b>ZIP CODE</b><br>33416                                    |                                 |                                                  |                                                                                                                                              |  |  |                             |                                       |                   |                                         |  |  |                                 |  |                           |                    |                          |                       |  |
| <b>2. NAME OF CANDIDATE</b><br>ADEIMY, DEBORAH, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House FL 23 |                                 | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00791541 |                                                                                                                                              |  |  |                             |                                       |                   |                                         |  |  |                                 |  |                           |                    |                          |                       |  |
| <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" style="padding: 5px;"> <b>A. FULL NAME</b><br/>           Callahan, Barbara, , ,         </td> <td style="padding: 5px;">           Name of Employer<br/>           Retired         </td> <td style="padding: 5px;">           Date (month, day, year)<br/>           08/15/2026         </td> <td style="padding: 5px;">           Amount<br/>           1000.00         </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <b>MAILING ADDRESS</b><br/>           425 Worth Ave         </td> <td colspan="2" style="padding: 5px;"> <b>Transaction ID : F6.6689</b> </td> </tr> <tr> <td style="padding: 5px;"> <b>CITY</b><br/>           Palm Beach         </td> <td style="padding: 5px;"> <b>STATE</b><br/>           FL         </td> <td style="padding: 5px;"> <b>ZIP CODE</b><br/>           33480         </td> <td colspan="2" style="padding: 5px;">           Occupation<br/>           Retired         </td> </tr> </table> |                    |                                                             |                                 |                                                  | <b>A. FULL NAME</b><br>Callahan, Barbara, , ,                                                                                                |  |  | Name of Employer<br>Retired | Date (month, day, year)<br>08/15/2026 | Amount<br>1000.00 | <b>MAILING ADDRESS</b><br>425 Worth Ave |  |  | <b>Transaction ID : F6.6689</b> |  | <b>CITY</b><br>Palm Beach | <b>STATE</b><br>FL | <b>ZIP CODE</b><br>33480 | Occupation<br>Retired |  |
| <b>A. FULL NAME</b><br>Callahan, Barbara, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                                             | Name of Employer<br>Retired     | Date (month, day, year)<br>08/15/2026            | Amount<br>1000.00                                                                                                                            |  |  |                             |                                       |                   |                                         |  |  |                                 |  |                           |                    |                          |                       |  |
| <b>MAILING ADDRESS</b><br>425 Worth Ave                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                             | <b>Transaction ID : F6.6689</b> |                                                  |                                                                                                                                              |  |  |                             |                                       |                   |                                         |  |  |                                 |  |                           |                    |                          |                       |  |
| <b>CITY</b><br>Palm Beach                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>STATE</b><br>FL | <b>ZIP CODE</b><br>33480                                    | Occupation<br>Retired           |                                                  |                                                                                                                                              |  |  |                             |                                       |                   |                                         |  |  |                                 |  |                           |                    |                          |                       |  |
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| <b>B. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                             | Name of Employer                | Date (month, day, year)                          | Amount                                                                                                                                       |  |  |                             |                                       |                   |                                         |  |  |                                 |  |                           |                    |                          |                       |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                             |                                 |                                                  |                                                                                                                                              |  |  |                             |                                       |                   |                                         |  |  |                                 |  |                           |                    |                          |                       |  |
| <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, day, year)                          | Amount                                                                                                                                       |  |  |                             |                                       |                   |                                         |  |  |                                 |  |                           |                    |                          |                       |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                             |                                 |                                                  |                                                                                                                                              |  |  |                             |                                       |                   |                                         |  |  |                                 |  |                           |                    |                          |                       |  |
| <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, day, year)                          | Amount                                                                                                                                       |  |  |                             |                                       |                   |                                         |  |  |                                 |  |                           |                    |                          |                       |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                             |                                 |                                                  |                                                                                                                                              |  |  |                             |                                       |                   |                                         |  |  |                                 |  |                           |                    |                          |                       |  |
| <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, day, year)                          | Amount                                                                                                                                       |  |  |                             |                                       |                   |                                         |  |  |                                 |  |                           |                    |                          |                       |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                             |                                 |                                                  |                                                                                                                                              |  |  |                             |                                       |                   |                                         |  |  |                                 |  |                           |                    |                          |                       |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>STATE</b>       | <b>ZIP CODE</b>                                             | Occupation                      |                                                  |                                                                                                                                              |  |  |                             |                                       |                   |                                         |  |  |                                 |  |                           |                    |                          |                       |  |
| <b>SIGNATURE (optional)</b><br>Satterfield, David, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                             |                                 | <b>DATE</b><br>08/17/2026                        | 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)