

# 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>Ashley for Iowa                                                                                                                      |  |                    |                                                              |                                       |                                                  |
| <b>ADDRESS</b> (number and street) PO BOX 811                                                                                                                               |  |                    |                                                              |                                       |                                                  |
| <b>CITY</b><br>MARION                                                                                                                                                       |  | <b>STATE</b><br>IA |                                                              | <b>ZIP CODE</b><br>52302              |                                                  |
| <b>2. NAME OF CANDIDATE</b><br>ARENHOLZ, ASHLEY, HINSON, ,                                                                                                                  |  |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>Senate IA 00 |                                       | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00706267 |
| <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 ____ / ____ / ____ |  |                    |                                                              |                                       |                                                  |
| <b>A. FULL NAME</b><br>DIRECT SUPPLY INC PARTNERS PAC                                                                                                                       |  |                    |                                                              | Name of Employer                      |                                                  |
| <b>MAILING ADDRESS</b><br>7301 W CHAMPIONS WAY                                                                                                                              |  |                    |                                                              | Date (month, day, year)<br>05/28/2026 |                                                  |
| <b>CITY</b><br>MILWAUKEE                                                                                                                                                    |  |                    |                                                              | Amount<br>1500.00                     |                                                  |
| <b>STATE</b><br>WI                                                                                                                                                          |  |                    |                                                              | <b>Transaction ID : TX585669</b>      |                                                  |
| <b>ZIP CODE</b><br>53223-1211                                                                                                                                               |  |                    |                                                              | Occupation                            |                                                  |
| <b>B. FULL NAME</b><br>TODD, JOHN, R., MR.,                                                                                                                                 |  |                    |                                                              | Name of Employer                      |                                                  |
| <b>MAILING ADDRESS</b><br>10618 CARENA CIR                                                                                                                                  |  |                    |                                                              | Date (month, day, year)<br>05/28/2026 |                                                  |
| <b>CITY</b><br>FORT MYERS                                                                                                                                                   |  |                    |                                                              | Amount<br>2000.00                     |                                                  |
| <b>STATE</b><br>FL                                                                                                                                                          |  |                    |                                                              | <b>Transaction ID : TX585790</b>      |                                                  |
| <b>ZIP CODE</b><br>33913-6818                                                                                                                                               |  |                    |                                                              | Occupation                            |                                                  |
| <b>C. FULL NAME</b><br>TURNBULL, JOHN, D., MR.,                                                                                                                             |  |                    |                                                              | Name of Employer                      |                                                  |
| <b>MAILING ADDRESS</b><br>PO BOX 407                                                                                                                                        |  |                    |                                                              | Date (month, day, year)<br>05/28/2026 |                                                  |
| <b>CITY</b><br>HUBBARD                                                                                                                                                      |  |                    |                                                              | Amount<br>1000.00                     |                                                  |
| <b>STATE</b><br>OR                                                                                                                                                          |  |                    |                                                              | <b>Transaction ID : TX585787</b>      |                                                  |
| <b>ZIP CODE</b><br>97032-0407                                                                                                                                               |  |                    |                                                              | Occupation                            |                                                  |
| <b>D. FULL NAME</b>                                                                                                                                                         |  |                    |                                                              | Name of Employer                      |                                                  |
| <b>MAILING ADDRESS</b>                                                                                                                                                      |  |                    |                                                              | Date (month, day, year)               |                                                  |
| <b>CITY</b>                                                                                                                                                                 |  |                    |                                                              | Amount                                |                                                  |
| <b>STATE</b>                                                                                                                                                                |  |                    |                                                              |                                       |                                                  |
| <b>ZIP CODE</b>                                                                                                                                                             |  |                    |                                                              | Occupation                            |                                                  |
| <b>E. FULL NAME</b>                                                                                                                                                         |  |                    |                                                              | Name of Employer                      |                                                  |
| <b>MAILING ADDRESS</b>                                                                                                                                                      |  |                    |                                                              | Date (month, day, year)               |                                                  |
| <b>CITY</b>                                                                                                                                                                 |  |                    |                                                              | Amount                                |                                                  |
| <b>STATE</b>                                                                                                                                                                |  |                    |                                                              |                                       |                                                  |
| <b>ZIP CODE</b>                                                                                                                                                             |  |                    |                                                              | Occupation                            |                                                  |
| <b>SIGNATURE (optional)</b><br>HOBBS, CABELL, , ,                                                                                                                           |  |                    |                                                              | <b>DATE</b><br>05/29/2026             |                                                  |
| 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.

**FEC FORM 6**  
(Revised 03/2016)