

# 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>DONALD J. TRUMP FOR PRESIDENT 2024, INC.                                                                                                |             |                                           |                                                          |                                                                                                             |
| ADDRESS (number and street) P.O. BOX 509                                                                                                                                |             |                                           |                                                          |                                                                                                             |
| CITY<br>ARLINGTON                                                                                                                                                       |             | STATE<br>VA                               |                                                          | ZIP CODE<br>22216                                                                                           |
| 2. NAME OF CANDIDATE<br>TRUMP, DONALD, J., ,                                                                                                                            |             |                                           | 3. OFFICE SOUGHT (State and District)<br>Presidential 00 |                                                                                                             |
| 4. FEC IDENTIFICATION NUMBER<br>C00828541                                                                                                                               |             |                                           |                                                          |                                                                                                             |
| 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>AUSTIN, CHRISTOPHER, , ,                                                                                                                                |             | Name of Employer<br>RETIRED               |                                                          | Date (month, day, year)<br>10/31/2024                                                                       |
| MAILING ADDRESS<br>2464 NE 22ND TER                                                                                                                                     |             | Transaction ID : 141459154                |                                                          | Amount<br>1000.00                                                                                           |
| CITY<br>FORT LAUDERDALE                                                                                                                                                 | STATE<br>FL | ZIP CODE<br>33305                         | Occupation<br>RETIRED                                    |                                                                                                             |
| B. FULL NAME<br>BAILEY, MARY, , ,                                                                                                                                       |             | Name of Employer<br>RETIRED               |                                                          | Date (month, day, year)<br>10/31/2024                                                                       |
| MAILING ADDRESS<br>1919 RUDDER LANE                                                                                                                                     |             | Transaction ID : 141459160                |                                                          | Amount<br>3435.35                                                                                           |
| CITY<br>KNOXVILLE                                                                                                                                                       | STATE<br>TN | ZIP CODE<br>37919                         | Occupation<br>RETIRED                                    |                                                                                                             |
| C. FULL NAME<br>BARNARD, JEAN, , ,                                                                                                                                      |             | Name of Employer<br>INFORMATION REQUESTED |                                                          | Date (month, day, year)<br>10/31/2024                                                                       |
| MAILING ADDRESS<br>2764 LATANA LAKES DR E                                                                                                                               |             | Transaction ID : 141331023                |                                                          | Amount<br>1000.00                                                                                           |
| CITY<br>JACKSONVILLE                                                                                                                                                    | STATE<br>FL | ZIP CODE<br>32246                         | Occupation<br>INFORMATION REQUESTED                      |                                                                                                             |
| D. FULL NAME<br>BRATLAND, MICHAEL, , ,                                                                                                                                  |             | Name of Employer<br>CRIDENTAL             |                                                          | Date (month, day, year)<br>10/31/2024                                                                       |
| MAILING ADDRESS<br>3940 STERLING WOODS DR                                                                                                                               |             | Transaction ID : 141459173                |                                                          | Amount<br>3435.35                                                                                           |
| CITY<br>EUGENE                                                                                                                                                          | STATE<br>OR | ZIP CODE<br>97408                         | Occupation<br>DENTIST                                    |                                                                                                             |
| E. FULL NAME<br>BRAUN, MELISSA, , ,                                                                                                                                     |             | Name of Employer<br>SELF-EMPLOYED         |                                                          | Date (month, day, year)<br>10/31/2024                                                                       |
| MAILING ADDRESS<br>620 BELLE ISLE AVENUE                                                                                                                                |             | Transaction ID : 141459157                |                                                          | Amount<br>1041.02                                                                                           |
| CITY<br>BELLEAIR BEACH                                                                                                                                                  | STATE<br>FL | ZIP CODE<br>33786                         | Occupation<br>COMMERCIAL REAL ESTATE                     |                                                                                                             |
| SIGNATURE (optional)<br>CRATE, BRADLEY, T., ,                                                                                                                           |             |                                           | DATE<br>11/02/2024                                       | For further information,<br>contact the Federal Election Commission<br>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)

48 HOUR NOTICE OF  
CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

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|                                                                                                                                                                         |  |                                                                                                                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------|--|
| 1. NAME OF COMMITTEE IN FULL<br>DONALD J. TRUMP FOR PRESIDENT 2024, INC.                                                                                                |  |                                                                                                                    |  |
| ADDRESS (number and street) P.O. BOX 509                                                                                                                                |  |                                                                                                                    |  |
| CITY, STATE, and ZIP CODE<br>ARLINGTON VA 22216                                                                                                                         |  |                                                                                                                    |  |
| 2. NAME OF CANDIDATE<br>TRUMP, DONALD, J., ,                                                                                                                            |  | 3. OFFICE SOUGHT (State and District)<br>Presidential 00                                                           |  |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00828541                                                                          |  |
| 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 _____ / _____ / _____ |  |                                                                                                                    |  |
| continuation page                                                                                                                                                       |  |                                                                                                                    |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                    |  |
| BURROUGHS, EDIE, , ,<br><br>6340 E STAR VALLEY CIRCLE<br><br>MESA AZ 85215                                                                                              |  | Name of Employer<br>RETIRED<br><br>Transaction ID : 141459167<br>Occupation<br>RETIRED                             |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                                              |  |
|                                                                                                                                                                         |  | Amount<br>6340.00                                                                                                  |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                    |  |
| CARSON, CHARLES, , ,<br><br>1780 WAVERLY DR<br><br>WEST POINT MS 39773                                                                                                  |  | Name of Employer<br>RETIRED<br><br>Transaction ID : 141459161<br>Occupation<br>RETIRED                             |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                                              |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                                  |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                    |  |
| CONNOR, JEFF, , ,<br><br>1760 EATON DR NE<br><br>CLEARWATER FL 33756                                                                                                    |  | Name of Employer<br>RETIRED<br><br>Transaction ID : 141412765<br>Occupation<br>RETIRED                             |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                                              |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                                  |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                    |  |
| CORBETT, BRIAN, , ,<br><br>845 LORIDANS CIR NE<br><br>ATLANTA GA 30342                                                                                                  |  | Name of Employer<br>INFORMATION REQUESTED<br><br>Transaction ID : 141412785<br>Occupation<br>INFORMATION REQUESTED |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                                              |  |
|                                                                                                                                                                         |  | Amount<br>3300.00                                                                                                  |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                    |  |
| COX, ERIN, NEALY, ,<br><br>3432 SOUTHWESTERN BLVD<br><br>DALLAS TX 75225                                                                                                |  | Name of Employer<br>INFORMATION REQUESTED<br><br>Transaction ID : 141332008<br>Occupation<br>INFORMATION REQUESTED |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                                              |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                                  |  |

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

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|                                                                                                                                                                         |                                                                                                                |                                           |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------|
| 1. NAME OF COMMITTEE IN FULL<br>DONALD J. TRUMP FOR PRESIDENT 2024, INC.                                                                                                |                                                                                                                | continuation page                         |                   |
| ADDRESS (number and street) P.O. BOX 509                                                                                                                                |                                                                                                                |                                           |                   |
| CITY, STATE, and ZIP CODE<br>ARLINGTON VA 22216                                                                                                                         |                                                                                                                |                                           |                   |
| 2. NAME OF CANDIDATE<br>TRUMP, DONALD, J., ,                                                                                                                            | 3. OFFICE SOUGHT (State and District)<br>Presidential 00                                                       | 4. FEC IDENTIFICATION NUMBER<br>C00828541 |                   |
| 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, MAILING ADDRESS AND ZIP CODE<br>CUNNINGHAM, DAVID, C, ,<br>4005 W 85TH ST<br>PRAIRIE VILLAGE KS 66206                                                     | Name of Employer<br>INFORMATION REQUESTED<br>Transaction ID : 141332003<br>Occupation<br>INFORMATION REQUESTED | Date (month, day, year)<br>10/31/2024     | Amount<br>1000.00 |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>DAVIS, PEGGY, , ,<br>4891 FM 1781<br>ROCKPORT TX 78382                                                                    | Name of Employer<br>RETIRED<br>Transaction ID : 141459164<br>Occupation<br>RETIRED                             | Date (month, day, year)<br>10/31/2024     | Amount<br>3435.35 |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>DAVIS, WILLIAM, , ,<br>4891 FARM TO MARKET ROAD 1781<br>ROCKPORT TX 78382                                                 | Name of Employer<br>RETIRED<br>Transaction ID : 141459163<br>Occupation<br>RETIRED                             | Date (month, day, year)<br>10/31/2024     | Amount<br>3435.35 |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>DRINKWARD, ROBERT, W, ,<br>2677 STATE STREET<br>#301<br>CARLSBAD CA 92008                                                 | Name of Employer<br>RETIRED<br>Transaction ID : 141459171<br>Occupation<br>RETIRED                             | Date (month, day, year)<br>10/31/2024     | Amount<br>1000.00 |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>FAISST, MARGARET, ANN, ,<br>1667 SUNNYVALE AVE<br>WALNUT CREEK CA 94597                                                   | Name of Employer<br>RETIRED<br>Transaction ID : 141412763<br>Occupation<br>RETIRED                             | Date (month, day, year)<br>10/31/2024     | Amount<br>1000.00 |

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| 1. NAME OF COMMITTEE IN FULL<br>DONALD J. TRUMP FOR PRESIDENT 2024, INC.                                                                                                |  |                                                                                                                                                                              |  |
| ADDRESS (number and street) P.O. BOX 509                                                                                                                                |  |                                                                                                                                                                              |  |
| CITY, STATE, and ZIP CODE<br>ARLINGTON VA 22216                                                                                                                         |  |                                                                                                                                                                              |  |
| 2. NAME OF CANDIDATE<br>TRUMP, DONALD, J., ,                                                                                                                            |  | 3. OFFICE SOUGHT (State and District)<br>Presidential 00                                                                                                                     |  |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00828541                                                                                                                                    |  |
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| continuation page                                                                                                                                                       |  |                                                                                                                                                                              |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>FERDOWS, HOUSHANG, K, ,<br>3605 LONGWOOD AVE<br>BOULDER CO 80305                                                          |  | Name of Employer<br>SUTRAK USA<br>Transaction ID : 141412773<br>Occupation<br>PRESIDENT<br>Date (month, day, year)<br>10/31/2024<br>Amount<br>1000.00                        |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>FERRILL, JEFFREY, , ,<br>2225 BLUE RIDGE LN<br>CHARLOTTESVILLE VA 22901                                                   |  | Name of Employer<br>STRATHMOORE CO INC<br>Transaction ID : 141412768<br>Occupation<br>INVMNTS<br>Date (month, day, year)<br>10/31/2024<br>Amount<br>1500.00                  |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>GEHRING, VICTOR, W, ,<br>7 GEHRING CT<br>MULLICA HILL NJ 08062                                                            |  | Name of Employer<br>INFORMATION REQUESTED<br>Transaction ID : 141412781<br>Occupation<br>INFORMATION REQUESTED<br>Date (month, day, year)<br>10/31/2024<br>Amount<br>1000.00 |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>GEHRKE, DEBRA, , ,<br>78 ROUNDS AVE<br>SWANSEA MA 02777                                                                   |  | Name of Employer<br>INFORMATION REQUESTED<br>Transaction ID : 141412783<br>Occupation<br>INFORMATION REQUESTED<br>Date (month, day, year)<br>10/31/2024<br>Amount<br>1000.00 |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>GIDLEY, JOHN, MARK, ,<br>1129 LITTON LANE<br>MC LEAN VA 22101                                                             |  | Name of Employer<br>WHITE AND CASE<br>Transaction ID : 141459152<br>Occupation<br>LAWYER<br>Date (month, day, year)<br>10/31/2024<br>Amount<br>2082.03                       |  |

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| 1. NAME OF COMMITTEE IN FULL<br>DONALD J. TRUMP FOR PRESIDENT 2024, INC.                                                                                                |  |                                                                                                                |  |
| ADDRESS (number and street) P.O. BOX 509                                                                                                                                |  |                                                                                                                |  |
| CITY, STATE, and ZIP CODE<br>ARLINGTON VA 22216                                                                                                                         |  |                                                                                                                |  |
| 2. NAME OF CANDIDATE<br>TRUMP, DONALD, J., ,                                                                                                                            |  | 3. OFFICE SOUGHT (State and District)<br>Presidential 00                                                       |  |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00828541                                                                      |  |
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| continuation page                                                                                                                                                       |  |                                                                                                                |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>GRAHAM, ELFRIEDE, , ,<br>309 LAKESHORE DR<br>WARNER ROBINS GA 31088                                                       |  | Name of Employer<br>RETIRED<br>Transaction ID : 141412771<br>Occupation<br>RETIRED                             |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>GRIMM, NOREEN, A, ,<br>813 HUMMINGBIRD LANE<br>APOLLO PA 15613                                                            |  | Name of Employer<br>INFORMATION REQUESTED<br>Transaction ID : 141331979<br>Occupation<br>INFORMATION REQUESTED |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>HANLEY, DAVID, JOHNSON, , II<br>2926 THURMAN RD<br>LAGO VISTA TX 78645                                                    |  | Name of Employer<br>INFORMATION REQUESTED<br>Transaction ID : 141412769<br>Occupation<br>INFORMATION REQUESTED |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>HART, CHRISTIN, , ,<br>501 SAINT LAURENT CT<br>SOUTHLAKE TX 76092                                                         |  | Name of Employer<br>RETIRED<br>Transaction ID : 141412750<br>Occupation<br>RETIRED                             |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>HENDERSON, ROBERT, W, ,<br>1160 JOHN EVERALL RD<br>LANCASTER SC 29720                                                     |  | Name of Employer<br>NUTRAMAX LABORATORIES<br>Transaction ID : 141412754<br>Occupation<br>CHAIRMAN              |  |
|                                                                                                                                                                         |  | Date (month, day, year)                                                                                        |  |
|                                                                                                                                                                         |  | Amount                                                                                                         |  |

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| 1. NAME OF COMMITTEE IN FULL<br>DONALD J. TRUMP FOR PRESIDENT 2024, INC.                                                                                                |  |                                                                                                                |  |
| ADDRESS (number and street) P.O. BOX 509                                                                                                                                |  |                                                                                                                |  |
| CITY, STATE, and ZIP CODE<br>ARLINGTON VA 22216                                                                                                                         |  |                                                                                                                |  |
| 2. NAME OF CANDIDATE<br>TRUMP, DONALD, J., ,                                                                                                                            |  | 3. OFFICE SOUGHT (State and District)<br>Presidential 00                                                       |  |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00828541                                                                      |  |
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| continuation page                                                                                                                                                       |  |                                                                                                                |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                |  |
| HOFFMAN, TAEKO, O, ,<br>1122 PORTESUELLO AVE<br>SANTA BARBARA CA 93105                                                                                                  |  | Name of Employer<br>RETIRED<br>Transaction ID : 141412753<br>Occupation<br>RETIRED                             |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                                          |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                              |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                |  |
| HOLCOMBE, DAVID, , ,<br>1318 WEST MOUNT DR<br>TACOMA WA 98466                                                                                                           |  | Name of Employer<br>BANKERS LIFE<br>Transaction ID : 141459174<br>Occupation<br>INSURANCE                      |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                                          |  |
|                                                                                                                                                                         |  | Amount<br>1372.06                                                                                              |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                |  |
| HOTCHKISS, LEE, , ,<br>4674 STATE HIGHWAY 97 E<br>FLORESVILLE TX 78114                                                                                                  |  | Name of Employer<br>RETIRED<br>Transaction ID : 141412776<br>Occupation<br>RETIRED                             |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                                          |  |
|                                                                                                                                                                         |  | Amount<br>3300.00                                                                                              |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                |  |
| HUSSION, JAMES, M, ,<br>1526 W REMINGTON LN<br>ROUND LAKE IL 60073                                                                                                      |  | Name of Employer<br>INFORMATION REQUESTED<br>Transaction ID : 141412761<br>Occupation<br>INFORMATION REQUESTED |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                                          |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                              |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                |  |
| IMBESI, JOHN, , ,<br>901 OCEAN AVE<br>OCEAN CITY NJ 08226                                                                                                               |  | Name of Employer<br>RETIRED<br>Transaction ID : 141412786<br>Occupation<br>RETIRED                             |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                                          |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                              |  |

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| ADDRESS (number and street) P.O. BOX 509                                                                                                                                |  |                                                                                                                    |  |
| CITY, STATE, and ZIP CODE<br>ARLINGTON VA 22216                                                                                                                         |  |                                                                                                                    |  |
| 2. NAME OF CANDIDATE<br>TRUMP, DONALD, J., ,                                                                                                                            |  | 3. OFFICE SOUGHT (State and District)<br>Presidential 00                                                           |  |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00828541                                                                          |  |
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| continuation page                                                                                                                                                       |  |                                                                                                                    |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                    |  |
| JARAMILLO, EPIFANIO, R, ,<br><br>156 FOREST RIDGE DR<br><br>BRANDON MS 39042                                                                                            |  | Name of Employer<br>RETIRED<br><br>Transaction ID : 141412762<br>Occupation<br>RETIRED                             |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                                              |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                                  |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                    |  |
| JENKINS, JUDY, , ,<br><br>1225 WHITESIDE MOUNTAIN ROAD<br><br>HIGHLANDS NC 28741                                                                                        |  | Name of Employer<br>RETIRED<br><br>Transaction ID : 141459153<br>Occupation<br>RETIRED                             |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                                              |  |
|                                                                                                                                                                         |  | Amount<br>3300.00                                                                                                  |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                    |  |
| JOHNSON, ALLEN, , ,<br><br>7005 HOLYROOD DR<br><br>MCLEAN VA 22101                                                                                                      |  | Name of Employer<br>AFJ<br><br>Transaction ID : 141412782<br>Occupation<br>MANAGEMENT                              |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                                              |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                                  |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                    |  |
| JOHNSON, JAMES, , ,<br><br>175 BAY RUN<br><br>NEWPORT NC 28570                                                                                                          |  | Name of Employer<br>INFORMATION REQUESTED<br><br>Transaction ID : 141412764<br>Occupation<br>INFORMATION REQUESTED |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                                              |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                                  |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                    |  |
| KARPP, DALE, H, ,<br><br>13775 AUTOMOBILE BLVD<br><br>CLEARWATER FL 33762                                                                                               |  | Name of Employer<br>RETIRED<br><br>Transaction ID : 141412759<br>Occupation<br>RETIRED                             |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                                              |  |
|                                                                                                                                                                         |  | Amount<br>2000.00                                                                                                  |  |

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>DONALD J. TRUMP FOR PRESIDENT 2024, INC.                                                                                                |  |                                                          |         |
| ADDRESS (number and street) P.O. BOX 509                                                                                                                                |  |                                                          |         |
| CITY, STATE, and ZIP CODE<br>ARLINGTON VA 22216                                                                                                                         |  |                                                          |         |
| 2. NAME OF CANDIDATE<br>TRUMP, DONALD, J., ,                                                                                                                            |  | 3. OFFICE SOUGHT (State and District)<br>Presidential 00 |         |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00828541                |         |
| 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 _____ / _____ / _____ |  |                                                          |         |
| continuation page                                                                                                                                                       |  |                                                          |         |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                          |         |
| Name of Employer                                                                                                                                                        |  | Date (month, day, year)                                  | Amount  |
| KELTNER, DIANE, , ,                                                                                                                                                     |  | 10/31/2024                                               | 1000.00 |
| 2024 VIA TRUENO                                                                                                                                                         |  |                                                          |         |
| ALPINE CA 91901                                                                                                                                                         |  |                                                          |         |
| Transaction ID : 141412767                                                                                                                                              |  |                                                          |         |
| Occupation                                                                                                                                                              |  |                                                          |         |
| INFORMATION REQUESTED                                                                                                                                                   |  |                                                          |         |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                          |         |
| Name of Employer                                                                                                                                                        |  | Date (month, day, year)                                  | Amount  |
| KEY, SCOTT, , ,                                                                                                                                                         |  | 10/31/2024                                               | 3435.35 |
| 55 TOKALON PL                                                                                                                                                           |  |                                                          |         |
| METAIRIE LA 70001                                                                                                                                                       |  |                                                          |         |
| Transaction ID : 141459162                                                                                                                                              |  |                                                          |         |
| Occupation                                                                                                                                                              |  |                                                          |         |
| RETIRED                                                                                                                                                                 |  |                                                          |         |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                          |         |
| Name of Employer                                                                                                                                                        |  | Date (month, day, year)                                  | Amount  |
| KIRK, JAMES, B, ,                                                                                                                                                       |  | 10/31/2024                                               | 1300.00 |
| 1007 KIRK AIR BASE RD                                                                                                                                                   |  |                                                          |         |
| LANCASTER SC 29720                                                                                                                                                      |  |                                                          |         |
| Transaction ID : 141412752                                                                                                                                              |  |                                                          |         |
| Occupation                                                                                                                                                              |  |                                                          |         |
| INFORMATION REQUESTED                                                                                                                                                   |  |                                                          |         |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                          |         |
| Name of Employer                                                                                                                                                        |  | Date (month, day, year)                                  | Amount  |
| KNIES, ROGER, J, ,                                                                                                                                                      |  | 10/31/2024                                               | 2500.00 |
| 950 N 820 E                                                                                                                                                             |  |                                                          |         |
| CELESTINE IN 47521                                                                                                                                                      |  |                                                          |         |
| Transaction ID : 141412787                                                                                                                                              |  |                                                          |         |
| Occupation                                                                                                                                                              |  |                                                          |         |
| ENTREPRENEUR                                                                                                                                                            |  |                                                          |         |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                          |         |
| Name of Employer                                                                                                                                                        |  | Date (month, day, year)                                  | Amount  |
| KUMAR, SATHEESH, , ,                                                                                                                                                    |  | 10/31/2024                                               | 1000.00 |
| 417 KINGSWOOD DR                                                                                                                                                        |  |                                                          |         |
| EL PASO TX 79932                                                                                                                                                        |  |                                                          |         |
| Transaction ID : 141331026                                                                                                                                              |  |                                                          |         |
| Occupation                                                                                                                                                              |  |                                                          |         |
| INFORMATION REQUESTED                                                                                                                                                   |  |                                                          |         |



48 HOUR NOTICE OF  
CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

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|                                                                                                                                                                         |  |                                                                                                              |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------|--|
| 1. NAME OF COMMITTEE IN FULL<br>DONALD J. TRUMP FOR PRESIDENT 2024, INC.                                                                                                |  |                                                                                                              |  |
| ADDRESS (number and street) P.O. BOX 509                                                                                                                                |  |                                                                                                              |  |
| CITY, STATE, and ZIP CODE<br>ARLINGTON VA 22216                                                                                                                         |  |                                                                                                              |  |
| 2. NAME OF CANDIDATE<br>TRUMP, DONALD, J., ,                                                                                                                            |  | 3. OFFICE SOUGHT (State and District)<br>Presidential 00                                                     |  |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00828541                                                                    |  |
| 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 _____ / _____ / _____ |  |                                                                                                              |  |
| continuation page                                                                                                                                                       |  |                                                                                                              |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                              |  |
| LARKIN, KEITH, , ,<br><br>PO BOX 17416<br><br>RENO NV 89511                                                                                                             |  | Name of Employer<br>RETIRED<br><br>Transaction ID : 141459168<br>Occupation<br>RETIRED                       |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                                        |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                            |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                              |  |
| LARKIN, KEITH, , ,<br><br>PO BOX 17416<br><br>RENO NV 89511                                                                                                             |  | Name of Employer<br>RETIRED<br><br>Transaction ID : 141459169<br>Occupation<br>RETIRED                       |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                                        |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                            |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                              |  |
| LOTT, VIRGINIA, T, ,<br><br>PO BOX 83<br><br>SEMMES AL 36575                                                                                                            |  | Name of Employer<br>RETIRED<br><br>Transaction ID : 141412790<br>Occupation<br>RETIRED                       |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                                        |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                            |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                              |  |
| MAGDEBURG, PAUL, , ,<br><br>PO BOX 1054<br><br>CUSHING OK 74023                                                                                                         |  | Name of Employer<br>BANK OF CUSHING<br><br>Transaction ID : 141412788<br>Occupation<br>BANK PRESIDENT        |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                                        |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                            |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                              |  |
| MANCI, ELIZABETH, , ,<br><br>711 CAPTAIN ONEAL<br><br>MOBILE AL 36526                                                                                                   |  | Name of Employer<br>UNIVERSITY OF SOUTH ALABAMA<br><br>Transaction ID : 141459159<br>Occupation<br>PHYSICIAN |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                                        |  |
|                                                                                                                                                                         |  | Amount<br>1041.02                                                                                            |  |

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

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|                                                                                                                                                                         |  |                                                                                                                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------|--|
| 1. NAME OF COMMITTEE IN FULL<br>DONALD J. TRUMP FOR PRESIDENT 2024, INC.                                                                                                |  |                                                                                                                |  |
| ADDRESS (number and street) P.O. BOX 509                                                                                                                                |  |                                                                                                                |  |
| CITY, STATE, and ZIP CODE<br>ARLINGTON VA 22216                                                                                                                         |  |                                                                                                                |  |
| 2. NAME OF CANDIDATE<br>TRUMP, DONALD, J., ,                                                                                                                            |  | 3. OFFICE SOUGHT (State and District)<br>Presidential 00                                                       |  |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00828541                                                                      |  |
| 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 _____ / _____ / _____ |  |                                                                                                                |  |
| continuation page                                                                                                                                                       |  |                                                                                                                |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                |  |
| MANN, GERALD, , ,<br>28 CASA MAR LN<br>NAPLES FL 34103                                                                                                                  |  | Name of Employer<br>RETIRED<br>Transaction ID : 141459158<br>Occupation<br>RETIRED                             |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                                          |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                              |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                |  |
| MARRAY, GAYLE, D, ,<br>1310 PARKWAY DR<br>CROSSETT AR 71635                                                                                                             |  | Name of Employer<br>INFORMATION REQUESTED<br>Transaction ID : 141300692<br>Occupation<br>INFORMATION REQUESTED |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                                          |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                              |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                |  |
| MCNAMARA, PAUL, , ,<br>252 CAPPELLA CT<br>NEW SMYRNA BEACH FL 32168                                                                                                     |  | Name of Employer<br>INFORMATION REQUESTED<br>Transaction ID : 141331022<br>Occupation<br>INFORMATION REQUESTED |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                                          |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                              |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                |  |
| MELKA, JEANETTE, , ,<br>481 LOWELL AVE<br>GLEN ELLYN IL 60137                                                                                                           |  | Name of Employer<br>INFORMATION REQUESTED<br>Transaction ID : 141412777<br>Occupation<br>INFORMATION REQUESTED |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                                          |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                              |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                |  |
| MILLER, DAWN, , ,<br>149 DIVISION ST<br>COLDWATER MI 49036                                                                                                              |  | Name of Employer<br>FRANKS TRANSMISSION INC<br>Transaction ID : 141412760<br>Occupation<br>SELF-EMPLOYED       |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                                          |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                              |  |

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

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|                                                                                                                                                                         |  |                                                                                                                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------|--|
| 1. NAME OF COMMITTEE IN FULL<br>DONALD J. TRUMP FOR PRESIDENT 2024, INC.                                                                                                |  |                                                                                                                |  |
| ADDRESS (number and street) P.O. BOX 509                                                                                                                                |  |                                                                                                                |  |
| CITY, STATE, and ZIP CODE<br>ARLINGTON VA 22216                                                                                                                         |  |                                                                                                                |  |
| 2. NAME OF CANDIDATE<br>TRUMP, DONALD, J., ,                                                                                                                            |  | 3. OFFICE SOUGHT (State and District)<br>Presidential 00                                                       |  |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00828541                                                                      |  |
| 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 _____ / _____ / _____ |  |                                                                                                                |  |
| continuation page                                                                                                                                                       |  |                                                                                                                |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                |  |
| MONTA, PETER, , ,<br>1238 E ANGELA BLVD<br>UNIT 35<br>SOUTH BEND IN 46617                                                                                               |  | Name of Employer<br>INFORMATION REQUESTED<br>Transaction ID : 141412756<br>Occupation<br>INFORMATION REQUESTED |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                                          |  |
|                                                                                                                                                                         |  | Amount<br>2500.00                                                                                              |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                |  |
| MORRIS, BARBARA, , ,<br>15 WHITRIDGE RD<br>NATICK MA 01760                                                                                                              |  | Name of Employer<br>INFORMATION REQUESTED<br>Transaction ID : 141412751<br>Occupation<br>INFORMATION REQUESTED |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                                          |  |
|                                                                                                                                                                         |  | Amount<br>9000.00                                                                                              |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                |  |
| MORRIS, ELLIS, , ,<br>15 WHITRIDGE RD<br>NATICK MA 01760                                                                                                                |  | Name of Employer<br>DEPARTMENT OF DEFENSE<br>Transaction ID : 141332014<br>Occupation<br>SELF-EMPLOYED         |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                                          |  |
|                                                                                                                                                                         |  | Amount<br>9000.00                                                                                              |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                |  |
| MULLER, STEPHEN, P, ,<br>650 PECAN CREEK DR<br>HORSESHOE BAY TX 78657                                                                                                   |  | Name of Employer<br>RETIRED<br>Transaction ID : 141412779<br>Occupation<br>RETIRED                             |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                                          |  |
|                                                                                                                                                                         |  | Amount<br>2500.00                                                                                              |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                |  |
| PELLERIN, CURTIS, , ,<br>1231 7TH ST<br>NEW ORLEANS LA 70115                                                                                                            |  | Name of Employer<br>PELLERIN LAUNDRY MACHINERY<br>Transaction ID : 141412755<br>Occupation<br>PRESIDENT        |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                                          |  |
|                                                                                                                                                                         |  | Amount<br>3300.00                                                                                              |  |

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

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|                                                                                                                                                                         |  |                                                                                         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------|--|
| 1. NAME OF COMMITTEE IN FULL<br>DONALD J. TRUMP FOR PRESIDENT 2024, INC.                                                                                                |  |                                                                                         |  |
| ADDRESS (number and street) P.O. BOX 509                                                                                                                                |  |                                                                                         |  |
| CITY, STATE, and ZIP CODE<br>ARLINGTON VA 22216                                                                                                                         |  |                                                                                         |  |
| 2. NAME OF CANDIDATE<br>TRUMP, DONALD, J., ,                                                                                                                            |  | 3. OFFICE SOUGHT (State and District)<br>Presidential 00                                |  |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00828541                                               |  |
| 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 _____ / _____ / _____ |  |                                                                                         |  |
| continuation page                                                                                                                                                       |  |                                                                                         |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                         |  |
| RAMOS, ANACLETO, LETO, ,<br>3542 WATHEN CT<br>MERCED CA 95348                                                                                                           |  | Name of Employer<br>RETIRED<br>Transaction ID : 141412772<br>Occupation<br>RETIRED      |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                   |  |
|                                                                                                                                                                         |  | Amount<br>1500.00                                                                       |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                         |  |
| REINARTS, JUDY, , ,<br>800 N BLUE SPRUCE CIR<br>PAYSON AZ 85541                                                                                                         |  | Name of Employer<br>RETIRED<br>Transaction ID : 141412784<br>Occupation<br>RETIRED      |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                   |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                       |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                         |  |
| REX, BILL, , ,<br>26857 TANNAHILL AVE<br>CANYON COUNTRY CA 91387                                                                                                        |  | Name of Employer<br>REXHALL<br>Transaction ID : 141459170<br>Occupation<br>CEO          |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                   |  |
|                                                                                                                                                                         |  | Amount<br>6600.00                                                                       |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                         |  |
| SCHAUB, DIANE, P, ,<br>13703 SE FERNRIDGE AVE<br>MILWAUKIE OR 97222                                                                                                     |  | Name of Employer<br>RETIRED<br>Transaction ID : 141412758<br>Occupation<br>RETIRED      |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                   |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                       |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                         |  |
| SMITH, MARILYN, , ,<br>PO BOX 770<br>FARWELL TX 79325                                                                                                                   |  | Name of Employer<br>SELF-EMPLOYED<br>Transaction ID : 141412789<br>Occupation<br>FARMER |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                   |  |
|                                                                                                                                                                         |  | Amount<br>5000.00                                                                       |  |

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

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|                                                                                                                                                                         |  |                                                                                                                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------|--|
| 1. NAME OF COMMITTEE IN FULL<br>DONALD J. TRUMP FOR PRESIDENT 2024, INC.                                                                                                |  |                                                                                                                |  |
| ADDRESS (number and street) P.O. BOX 509                                                                                                                                |  |                                                                                                                |  |
| CITY, STATE, and ZIP CODE<br>ARLINGTON VA 22216                                                                                                                         |  |                                                                                                                |  |
| 2. NAME OF CANDIDATE<br>TRUMP, DONALD, J., ,                                                                                                                            |  | 3. OFFICE SOUGHT (State and District)<br>Presidential 00                                                       |  |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00828541                                                                      |  |
| 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 _____ / _____ / _____ |  |                                                                                                                |  |
| continuation page                                                                                                                                                       |  |                                                                                                                |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>SPELLMAN, WARREN, , ,<br>408 FIELDCREST DR<br>CHICKASHA OK 73018                                                          |  | Name of Employer<br>GRADY HOSPITAL<br>Transaction ID : 141412775<br>Occupation<br>CEO                          |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                                          |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                              |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>STEINWEDELL, BARBARA, , ,<br>750 CORONADO AVENUE<br>CORONADO CA 92118                                                     |  | Name of Employer<br>INFORMATION REQUESTED<br>Transaction ID : 141459172<br>Occupation<br>INFORMATION REQUESTED |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                                          |  |
|                                                                                                                                                                         |  | Amount<br>1041.02                                                                                              |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>STRUINA, STEPHEN, , ,<br>730 17TH STREET<br>DENVER CO 80202                                                               |  | Name of Employer<br>BAYSWATER<br>Transaction ID : 141459165<br>Occupation<br>MANAGER                           |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                                          |  |
|                                                                                                                                                                         |  | Amount<br>1041.02                                                                                              |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>TERMYNA, EDWARD, E, , JR<br>301 PENNCREST DR<br>LANGHORNE PA 19047                                                        |  | Name of Employer<br>INFORMATION REQUESTED<br>Transaction ID : 141412770<br>Occupation<br>INFORMATION REQUESTED |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                                          |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                              |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>THAXTON, DOUGLAS, , ,<br>6221 S BLACKHAWK CT<br>CENTENNIAL CO 80111                                                       |  | Name of Employer<br>GEMISYS CORP<br>Transaction ID : 141412778<br>Occupation<br>EXECUTIVE                      |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                                          |  |
|                                                                                                                                                                         |  | Amount<br>2000.00                                                                                              |  |

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------|
| 1. NAME OF COMMITTEE IN FULL<br>DONALD J. TRUMP FOR PRESIDENT 2024, INC.                                                                                                |                                                                                                                        | continuation page                         |                       |
| ADDRESS (number and street) P.O. BOX 509                                                                                                                                |                                                                                                                        |                                           |                       |
| CITY, STATE, and ZIP CODE<br>ARLINGTON VA 22216                                                                                                                         |                                                                                                                        |                                           |                       |
| 2. NAME OF CANDIDATE<br>TRUMP, DONALD, J., ,                                                                                                                            | 3. OFFICE SOUGHT (State and District)<br>Presidential 00                                                               | 4. FEC IDENTIFICATION NUMBER<br>C00828541 |                       |
| 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, MAILING ADDRESS AND ZIP CODE<br><br>THE LOOSE GROUP<br><br>4279 ROSWELL ROAD NE<br>SUITE 208-192<br>ATLANTA GA 30342                                      | Name of Employer<br><br>Transaction ID : 141332030<br>Occupation                                                       | Date (month, day, year)<br><br>10/31/2024 | Amount<br><br>5000.00 |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>TIPA, ROBERT, , ,<br><br>65-23 PARSONS BOULEVARD<br><br>FLUSHING NY 11365                                             | Name of Employer<br><br>U S POSTAL SERVICE<br><br>Transaction ID : 141412780<br>Occupation<br>MECHANIC                 | Date (month, day, year)<br><br>10/31/2024 | Amount<br><br>1000.00 |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>TITAK, JAMES, J, ,<br><br>3947 CHADWICK DR<br><br>CARMEL IN 46033                                                     | Name of Employer<br><br>INFORMATION REQUESTED<br><br>Transaction ID : 141412774<br>Occupation<br>INFORMATION REQUESTED | Date (month, day, year)<br><br>10/31/2024 | Amount<br><br>3300.00 |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>TURNER, DEBRA, , ,<br><br>PO BOX J<br><br>WAXAHACHIE TX 75168                                                         | Name of Employer<br><br>INFORMATION REQUESTED<br><br>Transaction ID : 141412791<br>Occupation<br>INFORMATION REQUESTED | Date (month, day, year)<br><br>10/31/2024 | Amount<br><br>1000.00 |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>UPTON, RICHARD, , ,<br><br>114 ALBEMARLE RD<br><br>NORWOOD MA 02062                                                   | Name of Employer<br><br>INFORMATION REQUESTED<br><br>Transaction ID : 141331018<br>Occupation<br>INFORMATION REQUESTED | Date (month, day, year)<br><br>10/31/2024 | Amount<br><br>1000.00 |

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>DONALD J. TRUMP FOR PRESIDENT 2024, INC.                                                                                                |  |                                                                                                                    |  |
| ADDRESS (number and street) P.O. BOX 509                                                                                                                                |  |                                                                                                                    |  |
| CITY, STATE, and ZIP CODE<br>ARLINGTON VA 22216                                                                                                                         |  |                                                                                                                    |  |
| 2. NAME OF CANDIDATE<br>TRUMP, DONALD, J., ,                                                                                                                            |  | 3. OFFICE SOUGHT (State and District)<br>Presidential 00                                                           |  |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00828541                                                                          |  |
| 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 _____ / _____ / _____ |  |                                                                                                                    |  |
| continuation page                                                                                                                                                       |  |                                                                                                                    |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                    |  |
| WADE, LINDA, L, ,<br><br>19005 LEXI DR<br><br>ABINGDON VA 24210                                                                                                         |  | Name of Employer<br>RETIRED<br><br>Transaction ID : 141412766<br>Occupation<br>RETIRED                             |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                                              |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                                  |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                    |  |
| WAKELAM, JON, , ,<br><br>56 S HAPPY VALLEY RD<br><br>NAMPA ID 83687                                                                                                     |  | Name of Employer<br>QUALITREE<br><br>Transaction ID : 141459166<br>Occupation<br>MANAGER                           |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                                              |  |
|                                                                                                                                                                         |  | Amount<br>1041.02                                                                                                  |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                    |  |
| WELLS, JAMES, P, ,<br><br>521 W CENTRAL AVE<br><br>WINTER HAVEN FL 33880                                                                                                |  | Name of Employer<br>INFORMATION REQUESTED<br><br>Transaction ID : 141330726<br>Occupation<br>INFORMATION REQUESTED |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                                              |  |
|                                                                                                                                                                         |  | Amount<br>3300.00                                                                                                  |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                    |  |
| WESTBROOK, PAUL, , ,<br><br>130 BG HARRELL DR<br><br>JONESBOROUGH TN 37659                                                                                              |  | Name of Employer<br>RETIRED<br><br>Transaction ID : 141412757<br>Occupation<br>RETIRED                             |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                                              |  |
|                                                                                                                                                                         |  | Amount<br>3300.00                                                                                                  |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                    |  |
| WHALEY, FRED, , ,<br><br>114 RAFAEL BLVD NE<br><br>SAINT PETERSBURG FL 33704                                                                                            |  | Name of Employer<br>RETIRED<br><br>Transaction ID : 141459155<br>Occupation<br>RETIRED                             |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/31/2024                                                                              |  |
|                                                                                                                                                                         |  | Amount<br>2500.00                                                                                                  |  |

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

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|                                                                                                                                                                         |  |                                                                                                                                                                              |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. NAME OF COMMITTEE IN FULL<br>DONALD J. TRUMP FOR PRESIDENT 2024, INC.                                                                                                |  |                                                                                                                                                                              |  |
| ADDRESS (number and street) P.O. BOX 509                                                                                                                                |  |                                                                                                                                                                              |  |
| CITY, STATE, and ZIP CODE<br>ARLINGTON VA 22216                                                                                                                         |  |                                                                                                                                                                              |  |
| 2. NAME OF CANDIDATE<br>TRUMP, DONALD, J., ,                                                                                                                            |  | 3. OFFICE SOUGHT (State and District)<br>Presidential 00                                                                                                                     |  |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00828541                                                                                                                                    |  |
| 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 _____ / _____ / _____ |  |                                                                                                                                                                              |  |
| continuation page                                                                                                                                                       |  |                                                                                                                                                                              |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>WHALEY, FRED, , ,<br>114 RAFAEL BLVD NE<br>SAINT PETERSBURG FL 33704                                                      |  | Name of Employer<br>RETIRED<br>Transaction ID : 141459156<br>Occupation<br>RETIRED<br>Date (month, day, year)<br>10/31/2024<br>Amount<br>2500.00                             |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>WHIDDON, MAX, , ,<br>967 MIDWAY RD<br>HONORAVILLE AL 36042                                                                |  | Name of Employer<br>INFORMATION REQUESTED<br>Transaction ID : 141331999<br>Occupation<br>INFORMATION REQUESTED<br>Date (month, day, year)<br>10/31/2024<br>Amount<br>3300.00 |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  | Name of Employer<br><br>Occupation<br>Date (month, day, year)<br>Amount                                                                                                      |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  | Name of Employer<br><br>Occupation<br>Date (month, day, year)<br>Amount                                                                                                      |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  | Name of Employer<br><br>Occupation<br>Date (month, day, year)<br>Amount                                                                                                      |  |