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
BEN CLINE FOR CONGRESS, INC.

ADDRESS (number and street) PO BOX 1536

CITY	STATE	ZIP CODE
LEESBURG	VA	20177-1536

2. NAME OF CANDIDATE
CLINE, BENJAMIN, , ,

3. OFFICE SOUGHT (State and District)
House VA 06

4. FEC IDENTIFICATION NUMBER
C00661561

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

A. FULL NAME LACY, LINWOOD, A., MR., JR. **MAILING ADDRESS** 2304 CRANBORNE RD **CITY** / **STATE** / **ZIP CODE** MIDLOTHIAN / VA / 23113-3862	Name of Employer NONE **Transaction ID : 69A273595521C4B2C** Occupation RETIRED	Date (month, day, year) 07/21/2026	Amount 2500.00
B. FULL NAME LACY, LINWOOD, A., MR., JR. **MAILING ADDRESS** 2304 CRANBORNE RD **CITY** / **STATE** / **ZIP CODE** MIDLOTHIAN / VA / 23113-3862	Name of Employer NONE **Transaction ID : 6036CAA5C199C4A2** Occupation RETIRED	Date (month, day, year) 07/21/2026	Amount 3500.00
C. FULL NAME ASSOCIATION FOR ACCESSIBLE MEDICINES POLITICAL ACT **MAILING ADDRESS** 601 NEW JERSEY AVE NW STE 850 **CITY** / **STATE** / **ZIP CODE** WASHINGTON / DC / 20001-3051	Name of Employer **Transaction ID : 6BF17212E24E942E8** Occupation	Date (month, day, year) 07/21/2026	Amount 2500.00
D. FULL NAME **MAILING ADDRESS** **CITY** / **STATE** / **ZIP CODE**	Name of Employer Occupation	Date (month, day, year)	Amount
E. FULL NAME **MAILING ADDRESS** **CITY** / **STATE** / **ZIP CODE**	Name of Employer Occupation	Date (month, day, year)	Amount

SIGNATURE (optional)
MCMENAMIN, LAURA, , ,

DATE
07/22/2026

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

FEC FORM 6
(Revised 03/2016)