

# 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

|                                                                                                                                                                             |                    |                                    |                                                             |                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. NAME OF COMMITTEE IN FULL</b><br>Taddeo for Congress                                                                                                                  |                    |                                    |                                                             |                                                                                                                                                                |
| ADDRESS (number and street) PO.Box 5651                                                                                                                                     |                    |                                    |                                                             |                                                                                                                                                                |
| <b>CITY</b><br>Tallahassee                                                                                                                                                  |                    | <b>STATE</b><br>FL                 |                                                             | <b>ZIP CODE</b><br>32314                                                                                                                                       |
| <b>2. NAME OF CANDIDATE</b><br>Taddeo, Annette, , ,                                                                                                                         |                    |                                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House FL 27 |                                                                                                                                                                |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00445163                                                                                                                            |                    |                                    |                                                             |                                                                                                                                                                |
| <b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____ |                    |                                    |                                                             |                                                                                                                                                                |
| <b>A. FULL NAME</b><br>Lehman, William, , ,                                                                                                                                 |                    | Name of Employer<br>Lehman Hyundai |                                                             | Date (month, day, year)<br>08/11/2022                                                                                                                          |
| MAILING ADDRESS<br>21400 NW 2nd Ave                                                                                                                                         |                    | Transaction ID : 13185254          |                                                             | Amount<br>1900.00                                                                                                                                              |
| <b>CITY</b><br>Miami                                                                                                                                                        | <b>STATE</b><br>FL | <b>ZIP CODE</b><br>33169-2126      | Occupation<br>Owner                                         |                                                                                                                                                                |
| <b>B. FULL NAME</b>                                                                                                                                                         |                    | Name of Employer                   |                                                             | Date (month, day, year)                                                                                                                                        |
| MAILING ADDRESS                                                                                                                                                             |                    | Occupation                         |                                                             | Amount                                                                                                                                                         |
| <b>CITY</b>                                                                                                                                                                 | <b>STATE</b>       | <b>ZIP CODE</b>                    | Occupation                                                  |                                                                                                                                                                |
| <b>C. FULL NAME</b>                                                                                                                                                         |                    | Name of Employer                   |                                                             | Date (month, day, year)                                                                                                                                        |
| MAILING ADDRESS                                                                                                                                                             |                    | Occupation                         |                                                             | Amount                                                                                                                                                         |
| <b>CITY</b>                                                                                                                                                                 | <b>STATE</b>       | <b>ZIP CODE</b>                    | Occupation                                                  |                                                                                                                                                                |
| <b>D. FULL NAME</b>                                                                                                                                                         |                    | Name of Employer                   |                                                             | Date (month, day, year)                                                                                                                                        |
| MAILING ADDRESS                                                                                                                                                             |                    | Occupation                         |                                                             | Amount                                                                                                                                                         |
| <b>CITY</b>                                                                                                                                                                 | <b>STATE</b>       | <b>ZIP CODE</b>                    | Occupation                                                  |                                                                                                                                                                |
| <b>E. FULL NAME</b>                                                                                                                                                         |                    | Name of Employer                   |                                                             | Date (month, day, year)                                                                                                                                        |
| MAILING ADDRESS                                                                                                                                                             |                    | Occupation                         |                                                             | Amount                                                                                                                                                         |
| <b>CITY</b>                                                                                                                                                                 | <b>STATE</b>       | <b>ZIP CODE</b>                    | Occupation                                                  |                                                                                                                                                                |
| <b>SIGNATURE (optional)</b><br>Green, Shelby, , ,                                                                                                                           |                    |                                    | <b>DATE</b><br>08/13/2022                                   | <b>For further information contact:</b><br>Federal Election Commission<br>999 E Street, NW, Washington, DC 20463<br>Toll Free 800-424-9530, Local 202-694-1100 |
| [Electronically Filed]                                                                                                                                                      |                    |                                    |                                                             |                                                                                                                                                                |

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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)