

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>TROY DOWNING FOR CONGRESS                                                                                                               |             |                   |                                                      |                        |                                                                                                             |                   |
| ADDRESS (number and street) PO BOX 322                                                                                                                                  |             |                   |                                                      |                        |                                                                                                             |                   |
| CITY<br>HELENA                                                                                                                                                          |             | STATE<br>MT       |                                                      | ZIP CODE<br>59624-0322 |                                                                                                             |                   |
| 2. NAME OF CANDIDATE<br>DOWNING, TROY, , ,                                                                                                                              |             |                   | 3. OFFICE SOUGHT (State and District)<br>House MT 02 |                        |                                                                                                             |                   |
| 4. FEC IDENTIFICATION NUMBER<br>C00855288                                                                                                                               |             |                   |                                                      |                        |                                                                                                             |                   |
| 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>GIESECKE, CATHERINE JOHN, , ,                                                                                                                           |             |                   | Name of Employer<br>CLIFFSIDE TRANSPORTATION         |                        | Date (month, day, year)<br>05/20/2024                                                                       | Amount<br>2000.00 |
| MAILING ADDRESS<br>100 RIVER ST                                                                                                                                         |             |                   | Transaction ID : 686109C1DA0C7423E                   |                        |                                                                                                             |                   |
| CITY<br>BIG TIMBER                                                                                                                                                      | STATE<br>MT | ZIP CODE<br>59011 | Occupation<br>OWNER                                  |                        |                                                                                                             |                   |
| B. FULL NAME<br>BRAXTON, VANCE, , ,                                                                                                                                     |             |                   | Name of Employer<br>RETIRED                          |                        | Date (month, day, year)<br>05/20/2024                                                                       | Amount<br>3300.00 |
| MAILING ADDRESS<br>PO BOX 11890                                                                                                                                         |             |                   | Transaction ID : 672C145C7270E4D39                   |                        |                                                                                                             |                   |
| CITY<br>BOZEMAN                                                                                                                                                         | STATE<br>MT | ZIP CODE<br>59719 | Occupation<br>RETIRED                                |                        |                                                                                                             |                   |
| C. FULL NAME                                                                                                                                                            |             |                   | Name of Employer                                     |                        | Date (month, day, year)                                                                                     | Amount            |
| MAILING ADDRESS                                                                                                                                                         |             |                   |                                                      |                        |                                                                                                             |                   |
| CITY                                                                                                                                                                    | STATE       | ZIP CODE          | Occupation                                           |                        |                                                                                                             |                   |
| D. FULL NAME                                                                                                                                                            |             |                   | Name of Employer                                     |                        | Date (month, day, year)                                                                                     | Amount            |
| MAILING ADDRESS                                                                                                                                                         |             |                   |                                                      |                        |                                                                                                             |                   |
| CITY                                                                                                                                                                    | STATE       | ZIP CODE          | Occupation                                           |                        |                                                                                                             |                   |
| E. FULL NAME                                                                                                                                                            |             |                   | Name of Employer                                     |                        | Date (month, day, year)                                                                                     | Amount            |
| MAILING ADDRESS                                                                                                                                                         |             |                   |                                                      |                        |                                                                                                             |                   |
| CITY                                                                                                                                                                    | STATE       | ZIP CODE          | Occupation                                           |                        |                                                                                                             |                   |
| SIGNATURE (optional)<br>DAWTYLER, THOMAS, , ,                                                                                                                           |             |                   |                                                      | DATE<br>05/21/2024     | For further information,<br>contact the Federal Election Commission<br>at 800-424-9530 or visit www.fec.gov |                   |

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