

# 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>MERRIN FOR CONGRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                             |                                           |                                                  |                                                                                                             |  |  |                  |                                       |                   |                                           |  |  |                                           |  |                      |                    |                               |                   |                   |  |  |
| <b>ADDRESS</b> (number and street) PO BOX 75                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                             |                                           |                                                  |                                                                                                             |  |  |                  |                                       |                   |                                           |  |  |                                           |  |                      |                    |                               |                   |                   |  |  |
| <b>CITY</b><br>MONCLOVA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>STATE</b><br>OH | <b>ZIP CODE</b><br>43542-0075                               |                                           |                                                  |                                                                                                             |  |  |                  |                                       |                   |                                           |  |  |                                           |  |                      |                    |                               |                   |                   |  |  |
| <b>2. NAME OF CANDIDATE</b><br>MERRIN, DEREK, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House OH 09 |                                           | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00863829 |                                                                                                             |  |  |                  |                                       |                   |                                           |  |  |                                           |  |                      |                    |                               |                   |                   |  |  |
| <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 ____ / ____ / ____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                                                             |                                           |                                                  |                                                                                                             |  |  |                  |                                       |                   |                                           |  |  |                                           |  |                      |                    |                               |                   |                   |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> <b>A. FULL NAME</b><br/>           SPACE COAST LEADERSHIP PAC         </td> <td style="padding: 5px;">           Name of Employer         </td> <td style="padding: 5px;">           Date (month, day, year)<br/>           11/02/2024         </td> <td style="padding: 5px;">           Amount<br/>           1000.00         </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <b>MAILING ADDRESS</b><br/>           610 S BOULEVARD         </td> <td colspan="2" style="padding: 5px;"> <b>Transaction ID : 68D214C718D8247EE</b> </td> </tr> <tr> <td style="padding: 5px;"> <b>CITY</b><br/>           TAMPA         </td> <td style="padding: 5px;"> <b>STATE</b><br/>           FL         </td> <td style="padding: 5px;"> <b>ZIP CODE</b><br/>           33606-2647         </td> <td colspan="3" style="padding: 5px;"> <b>Occupation</b> </td> </tr> </table> |                    |                                                             |                                           |                                                  | <b>A. FULL NAME</b><br>SPACE COAST LEADERSHIP PAC                                                           |  |  | Name of Employer | Date (month, day, year)<br>11/02/2024 | Amount<br>1000.00 | <b>MAILING ADDRESS</b><br>610 S BOULEVARD |  |  | <b>Transaction ID : 68D214C718D8247EE</b> |  | <b>CITY</b><br>TAMPA | <b>STATE</b><br>FL | <b>ZIP CODE</b><br>33606-2647 | <b>Occupation</b> |                   |  |  |
| <b>A. FULL NAME</b><br>SPACE COAST LEADERSHIP PAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                                                             | Name of Employer                          | Date (month, day, year)<br>11/02/2024            | Amount<br>1000.00                                                                                           |  |  |                  |                                       |                   |                                           |  |  |                                           |  |                      |                    |                               |                   |                   |  |  |
| <b>MAILING ADDRESS</b><br>610 S BOULEVARD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                             | <b>Transaction ID : 68D214C718D8247EE</b> |                                                  |                                                                                                             |  |  |                  |                                       |                   |                                           |  |  |                                           |  |                      |                    |                               |                   |                   |  |  |
| <b>CITY</b><br>TAMPA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>STATE</b><br>FL | <b>ZIP CODE</b><br>33606-2647                               | <b>Occupation</b>                         |                                                  |                                                                                                             |  |  |                  |                                       |                   |                                           |  |  |                                           |  |                      |                    |                               |                   |                   |  |  |
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| <b>B. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                             | Name of Employer                          | Date (month, day, year)                          | Amount                                                                                                      |  |  |                  |                                       |                   |                                           |  |  |                                           |  |                      |                    |                               |                   |                   |  |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                             |                                           |                                                  |                                                                                                             |  |  |                  |                                       |                   |                                           |  |  |                                           |  |                      |                    |                               |                   |                   |  |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>STATE</b>       | <b>ZIP CODE</b>                                             | <b>Occupation</b>                         |                                                  |                                                                                                             |  |  |                  |                                       |                   |                                           |  |  |                                           |  |                      |                    |                               |                   |                   |  |  |
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| <b>C. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                             | Name of Employer                          | Date (month, day, year)                          | Amount                                                                                                      |  |  |                  |                                       |                   |                                           |  |  |                                           |  |                      |                    |                               |                   |                   |  |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                             |                                           |                                                  |                                                                                                             |  |  |                  |                                       |                   |                                           |  |  |                                           |  |                      |                    |                               |                   |                   |  |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>STATE</b>       | <b>ZIP CODE</b>                                             | <b>Occupation</b>                         |                                                  |                                                                                                             |  |  |                  |                                       |                   |                                           |  |  |                                           |  |                      |                    |                               |                   |                   |  |  |
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| <b>D. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                             | Name of Employer                          | Date (month, day, year)                          | Amount                                                                                                      |  |  |                  |                                       |                   |                                           |  |  |                                           |  |                      |                    |                               |                   |                   |  |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                             |                                           |                                                  |                                                                                                             |  |  |                  |                                       |                   |                                           |  |  |                                           |  |                      |                    |                               |                   |                   |  |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>STATE</b>       | <b>ZIP CODE</b>                                             | <b>Occupation</b>                         |                                                  |                                                                                                             |  |  |                  |                                       |                   |                                           |  |  |                                           |  |                      |                    |                               |                   |                   |  |  |
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| <b>E. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                             | Name of Employer                          | Date (month, day, year)                          | Amount                                                                                                      |  |  |                  |                                       |                   |                                           |  |  |                                           |  |                      |                    |                               |                   |                   |  |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                             |                                           |                                                  |                                                                                                             |  |  |                  |                                       |                   |                                           |  |  |                                           |  |                      |                    |                               |                   |                   |  |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>STATE</b>       | <b>ZIP CODE</b>                                             | <b>Occupation</b>                         |                                                  |                                                                                                             |  |  |                  |                                       |                   |                                           |  |  |                                           |  |                      |                    |                               |                   |                   |  |  |
| <b>SIGNATURE (optional)</b><br>BAUR, NATALIE, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                                                             |                                           | <b>DATE</b><br>11/04/2024                        | For further information,<br>contact the Federal Election Commission<br>at 800-424-9530 or visit www.fec.gov |  |  |                  |                                       |                   |                                           |  |  |                                           |  |                      |                    |                               |                   |                   |  |  |

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