

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>JOHN JAMES FOR CONGRESS, INC.                                                                                                           |             |                                                      |                                                                                                             |         |
| ADDRESS (number and street) P.O. BOX 628                                                                                                                                |             |                                                      |                                                                                                             |         |
| CITY<br>ST. CLAIR SHORES                                                                                                                                                | STATE<br>MI | ZIP CODE<br>48080                                    |                                                                                                             |         |
| 2. NAME OF CANDIDATE<br>JOHN, JAMES, , ,                                                                                                                                |             | 3. OFFICE SOUGHT (State and District)<br>House MI 10 | 4. FEC IDENTIFICATION NUMBER<br>C00803502                                                                   |         |
| 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>INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL AC                                                                                            |             | Name of Employer                                     | Date (month, day, year)                                                                                     | Amount  |
| MAILING ADDRESS<br>1900 K STREET NW<br>STE 700                                                                                                                          |             | Transaction ID : TX368930                            | 08/02/2024                                                                                                  | 5000.00 |
| CITY<br>WASHINGTON                                                                                                                                                      | STATE<br>DC | ZIP CODE<br>20006-                                   | Occupation                                                                                                  |         |
| B. FULL NAME<br>IVERSEN, BERNT, G., , II                                                                                                                                |             | Name of Employer<br>TRANSDIGM                        | Date (month, day, year)                                                                                     | Amount  |
| MAILING ADDRESS<br>1230 OLD NORRIS RD                                                                                                                                   |             | Transaction ID : TX368934                            | 08/02/2024                                                                                                  | 2500.00 |
| CITY<br>LIBERTY                                                                                                                                                         | STATE<br>SC | ZIP CODE<br>29657-                                   | Occupation<br>EXECUTIVE V.P.                                                                                |         |
| 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>QUICK, KIRSTEN, , ,                                                                                                                             |             | DATE<br>08/04/2024                                   | For further information,<br>contact the Federal Election Commission<br>at 800-424-9530 or visit www.fec.gov |         |

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