

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 Castor for Congress																						
ADDRESS (number and street) 301 W Platt St #385																						
CITY Tampa		STATE FL		ZIP CODE 33606																		
2. NAME OF CANDIDATE Castor, Kathy, , ,		3. OFFICE SOUGHT (State and District) House FL 00		4. FEC IDENTIFICATION NUMBER C00410761																		
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> A. FULL NAME Brink, Charles, , , </td> <td> Name of Employer Not Employed </td> <td> Date (month, day, year) 10/23/2022 </td> <td> Amount 1000.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 8817 Roberts Rd </td> <td> Transaction ID : 12432684 </td> <td></td> <td></td> </tr> <tr> <td> CITY Odessa </td> <td> STATE FL </td> <td> ZIP CODE 33556-1920 </td> <td> Occupation Not Employed </td> <td></td> <td></td> </tr> </table>					A. FULL NAME Brink, Charles, , ,			Name of Employer Not Employed	Date (month, day, year) 10/23/2022	Amount 1000.00	MAILING ADDRESS 8817 Roberts Rd			Transaction ID : 12432684			CITY Odessa	STATE FL	ZIP CODE 33556-1920	Occupation Not Employed		
A. FULL NAME Brink, Charles, , ,			Name of Employer Not Employed	Date (month, day, year) 10/23/2022	Amount 1000.00																	
MAILING ADDRESS 8817 Roberts Rd			Transaction ID : 12432684																			
CITY Odessa	STATE FL	ZIP CODE 33556-1920	Occupation Not Employed																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> B. FULL NAME Hanna, Jeanie, E., , </td> <td> Name of Employer Not Employed </td> <td> Date (month, day, year) 10/23/2022 </td> <td> Amount 1000.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 3213 W Fountain Blvd </td> <td> Transaction ID : 12432687 </td> <td></td> <td></td> </tr> <tr> <td> CITY Tampa </td> <td> STATE FL </td> <td> ZIP CODE 33609-4620 </td> <td> Occupation Not Employed </td> <td></td> <td></td> </tr> </table>					B. FULL NAME Hanna, Jeanie, E., ,			Name of Employer Not Employed	Date (month, day, year) 10/23/2022	Amount 1000.00	MAILING ADDRESS 3213 W Fountain Blvd			Transaction ID : 12432687			CITY Tampa	STATE FL	ZIP CODE 33609-4620	Occupation Not Employed		
B. FULL NAME Hanna, Jeanie, E., ,			Name of Employer Not Employed	Date (month, day, year) 10/23/2022	Amount 1000.00																	
MAILING ADDRESS 3213 W Fountain Blvd			Transaction ID : 12432687																			
CITY Tampa	STATE FL	ZIP CODE 33609-4620	Occupation Not Employed																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> C. FULL NAME </td> <td> Name of Employer </td> <td> Date (month, day, year) </td> <td> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td></td> <td></td> <td></td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td> Occupation </td> <td></td> <td></td> </tr> </table>					C. FULL NAME			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS						CITY	STATE	ZIP CODE	Occupation		
C. FULL NAME			Name of Employer	Date (month, day, year)	Amount																	
MAILING ADDRESS																						
CITY	STATE	ZIP CODE	Occupation																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> D. FULL NAME </td> <td> Name of Employer </td> <td> Date (month, day, year) </td> <td> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td></td> <td></td> <td></td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td> Occupation </td> <td></td> <td></td> </tr> </table>					D. 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																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> E. FULL NAME </td> <td> Name of Employer </td> <td> Date (month, day, year) </td> <td> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td></td> <td></td> <td></td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td> Occupation </td> <td></td> <td></td> </tr> </table>					E. 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) Diamond, Amy, , ,			DATE 10/24/2022	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																		
[Electronically Filed]																						

--	--	--

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)