

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>BRIAN JACK FOR CONGRESS                                                                                                                 |             |                   |                                                      |                                                                                                                      |                         |                                                                                                             |
| ADDRESS (number and street) 225 MARKET PLACE CONNECTOR<br>NUM 1055                                                                                                      |             |                   |                                                      |                                                                                                                      |                         |                                                                                                             |
| CITY<br>PEACHTREE CITY                                                                                                                                                  |             | STATE<br>GA       |                                                      | ZIP CODE<br>30269                                                                                                    |                         |                                                                                                             |
| 2. NAME OF CANDIDATE<br>JACK, BRIAN, , ,                                                                                                                                |             |                   | 3. OFFICE SOUGHT (State and District)<br>House GA 03 |                                                                                                                      |                         |                                                                                                             |
| 4. FEC IDENTIFICATION NUMBER<br>C00872473                                                                                                                               |             |                   |                                                      |                                                                                                                      |                         |                                                                                                             |
| 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>ANDREWS, TOMMY, , ,                                                                                                                                     |             |                   |                                                      | Name of Employer<br>SQUIRE PATTON BOGGS<br><br>Transaction ID : RX6AUBM2MD8ERZF<br><br>Occupation<br>CONSULTANT      |                         |                                                                                                             |
| MAILING ADDRESS<br>525 MONTGOMERY STREET                                                                                                                                |             |                   |                                                      |                                                                                                                      |                         |                                                                                                             |
| CITY<br>ALEXANDRIA                                                                                                                                                      | STATE<br>VA | ZIP CODE<br>22314 | Date (month, day, year)<br>06/07/2024                |                                                                                                                      |                         |                                                                                                             |
|                                                                                                                                                                         |             |                   | Amount<br>1000.00                                    |                                                                                                                      |                         |                                                                                                             |
| B. FULL NAME<br>JACKSON, SHANE, , ,                                                                                                                                     |             |                   |                                                      | Name of Employer<br>JACKSON HEALTHCARE<br><br>Transaction ID : RWGNDHCAM9JBVN<br><br>Occupation<br>EXECUTIVE         |                         |                                                                                                             |
| MAILING ADDRESS<br>2285 SADDLESPRINGS DRIVE                                                                                                                             |             |                   |                                                      |                                                                                                                      |                         |                                                                                                             |
| CITY<br>ALPHARETTA                                                                                                                                                      | STATE<br>GA | ZIP CODE<br>30004 | Date (month, day, year)<br>06/07/2024                |                                                                                                                      |                         |                                                                                                             |
|                                                                                                                                                                         |             |                   | Amount<br>1041.02                                    |                                                                                                                      |                         |                                                                                                             |
| C. FULL NAME<br>LEGGITT, LANCE, , ,                                                                                                                                     |             |                   |                                                      | Name of Employer<br>TEAMHEALTH<br><br>Transaction ID : RBYNW4S5RFNB7YX<br><br>Occupation<br>LAWYER                   |                         |                                                                                                             |
| MAILING ADDRESS<br>43078 LAGO GALLERIE COURT                                                                                                                            |             |                   |                                                      |                                                                                                                      |                         |                                                                                                             |
| CITY<br>ASHBURN                                                                                                                                                         | STATE<br>VA | ZIP CODE<br>20148 | Date (month, day, year)<br>06/07/2024                |                                                                                                                      |                         |                                                                                                             |
|                                                                                                                                                                         |             |                   | Amount<br>1000.00                                    |                                                                                                                      |                         |                                                                                                             |
| D. FULL NAME<br>ROM, COLIN, , ,                                                                                                                                         |             |                   |                                                      | Name of Employer<br>ANDREESSEN HOROWITZ<br><br>Transaction ID : RAFE8BXFR2BUBNZ<br><br>Occupation<br>VENTURE CAPITAL |                         |                                                                                                             |
| MAILING ADDRESS<br>1249 31ST STREET NORTHWEST                                                                                                                           |             |                   |                                                      |                                                                                                                      |                         |                                                                                                             |
| CITY<br>WASHINGTON                                                                                                                                                      | STATE<br>DC | ZIP CODE<br>20007 | Date (month, day, year)<br>06/07/2024                |                                                                                                                      |                         |                                                                                                             |
|                                                                                                                                                                         |             |                   | Amount<br>1041.02                                    |                                                                                                                      |                         |                                                                                                             |
| E. FULL NAME                                                                                                                                                            |             |                   |                                                      | Name of Employer                                                                                                     | Date (month, day, year) | Amount                                                                                                      |
| MAILING ADDRESS                                                                                                                                                         |             |                   |                                                      |                                                                                                                      |                         |                                                                                                             |
| CITY                                                                                                                                                                    | STATE       | ZIP CODE          | Occupation                                           |                                                                                                                      |                         |                                                                                                             |
|                                                                                                                                                                         |             |                   |                                                      |                                                                                                                      |                         |                                                                                                             |
| SIGNATURE (optional)<br>BOLES, JASON, D, ,                                                                                                                              |             |                   |                                                      |                                                                                                                      | DATE<br>06/08/2024      | For further information,<br>contact the Federal Election Commission<br>at 800-424-9530 or visit www.fec.gov |

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