

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 GREENE FOR CONGRESS INC.					
ADDRESS (number and street) 3 CENTRAL PLAZA NO. 142					
CITY ROME		STATE GA		ZIP CODE 30161	
2. NAME OF CANDIDATE GREENE, MARJORIE, , ,			3. OFFICE SOUGHT (State and District) House GA 14		4. FEC IDENTIFICATION NUMBER C00708289
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____					
A. FULL NAME GLASS, LYNNEA, , ,			Name of Employer INFORMATION REQUESTED		Date (month, day, year) 05/13/2024
MAILING ADDRESS 5821 N DOUGLAS BLVD			Transaction ID : RG9MC262KJWV8KF		Amount 1000.00
CITY ARCADIA	STATE OK	ZIP CODE 73007	Occupation INFORMATION REQUESTED		
B. FULL NAME LAMELAS, PETER, , ,			Name of Employer RETIRED		Date (month, day, year) 05/14/2024
MAILING ADDRESS 65 SPOONBILL RD			Transaction ID : R88VKEDYW7GW9C4		Amount 6600.00
CITY MANALAPAN	STATE FL	ZIP CODE 33462	Occupation RETIRED		
C. FULL NAME LOMANGINO, LYNDIA, , ,			Name of Employer RETIRED		Date (month, day, year) 05/13/2024
MAILING ADDRESS PO BOX 8020			Transaction ID : R8B9FE5SMDCMQ7T		Amount 6600.00
CITY GARDEN CITY	STATE NY	ZIP CODE 11530	Occupation RETIRED		
D. FULL NAME			Name of Employer		Date (month, day, year)
MAILING ADDRESS					Amount
CITY	STATE	ZIP CODE	Occupation		
E. FULL NAME			Name of Employer		Date (month, day, year)
MAILING ADDRESS					Amount
CITY	STATE	ZIP CODE	Occupation		
SIGNATURE (optional) BOLES, JASON, D, ,				DATE 05/15/2024	For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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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)