

# 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>DR JOHN JOYCE FOR CONGRESS                                                                                                           |                    |                                                             |                                                                                                             |
| <b>ADDRESS</b> (number and street) 1002 LOGAN BLVD<br>STE 114 #237                                                                                                          |                    |                                                             |                                                                                                             |
| <b>CITY</b><br>ALTOONA                                                                                                                                                      | <b>STATE</b><br>PA | <b>ZIP CODE</b><br>16602-4067                               |                                                                                                             |
| <b>2. NAME OF CANDIDATE</b><br>JOYCE, JOHN, , ,                                                                                                                             |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House PA 13 | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00674259                                                            |
| <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 ____ / ____ / ____ |                    |                                                             |                                                                                                             |
| <b>A. FULL NAME</b><br>FRIENDS OF COMMUNITY ONCOLOGY PAC                                                                                                                    |                    | Name of Employer                                            | Date (month, day, year)                                                                                     |
| <b>MAILING ADDRESS</b><br>760 LYNNHAVEN PKWY<br>STE 150                                                                                                                     |                    | <b>Transaction ID : 641C7C46AB7954217</b>                   | Amount                                                                                                      |
| <b>CITY</b><br>VIRGINIA BEACH                                                                                                                                               | <b>STATE</b><br>VA | <b>ZIP CODE</b><br>23452-7492                               | 05/13/2026<br>5000.00                                                                                       |
| <b>B. FULL NAME</b><br>MEDICAL DEVICE MANUFACTURERS ASSOCIATION PAC                                                                                                         |                    | Name of Employer                                            | Date (month, day, year)                                                                                     |
| <b>MAILING ADDRESS</b><br>P.O. BOX 34591                                                                                                                                    |                    | <b>Transaction ID : 6EBFBA74C120A4D6</b>                    | Amount                                                                                                      |
| <b>CITY</b><br>WASHINGTON                                                                                                                                                   | <b>STATE</b><br>DC | <b>ZIP CODE</b><br>20043-4591                               | 05/14/2026<br>2500.00                                                                                       |
| <b>C. FULL NAME</b><br>DUFFEY, GREGORY, A., MR.,                                                                                                                            |                    | Name of Employer<br>CONCAST METALS                          | Date (month, day, year)                                                                                     |
| <b>MAILING ADDRESS</b><br>11159 RINEHART DR                                                                                                                                 |                    | <b>Transaction ID : 611D49F35F28848216</b>                  | Amount                                                                                                      |
| <b>CITY</b><br>WAYNESBORO                                                                                                                                                   | <b>STATE</b><br>PA | <b>ZIP CODE</b><br>17268-9170                               | 05/14/2026<br>2000.00                                                                                       |
| <b>D. FULL NAME</b><br>AMERICAN PHYSICAL THERAPY ASSOCIATION PHYSICAL THERAPY PAC (PT-PAC)                                                                                  |                    | Name of Employer                                            | Date (month, day, year)                                                                                     |
| <b>MAILING ADDRESS</b><br>3030 POTOMAC AVE<br>STE 100                                                                                                                       |                    | <b>Transaction ID : 6534673296340499EE</b>                  | Amount                                                                                                      |
| <b>CITY</b><br>ALEXANDRIA                                                                                                                                                   | <b>STATE</b><br>VA | <b>ZIP CODE</b><br>22305-3085                               | 05/14/2026<br>1500.00                                                                                       |
| <b>E. FULL NAME</b>                                                                                                                                                         |                    | Name of Employer                                            | Date (month, day, year)                                                                                     |
| <b>MAILING ADDRESS</b>                                                                                                                                                      |                    |                                                             | Amount                                                                                                      |
| <b>CITY</b>                                                                                                                                                                 | <b>STATE</b>       | <b>ZIP CODE</b>                                             |                                                                                                             |
| <b>SIGNATURE (optional)</b><br>KILGORE, PAUL, , ,                                                                                                                           |                    | <b>DATE</b><br>05/15/2026                                   | For further information,<br>contact the Federal Election Commission<br>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)