# 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**
Elizabeth Anderson for Congress

**ADDRESS** (number and street) PO Box 43234

| CITY | STATE | ZIP CODE |
|---|---|---|
| Vestavia Hilla | AL | 35243 |

| 2. NAME OF CANDIDATE | 3. OFFICE SOUGHT (State and District) | 4. FEC IDENTIFICATION NUMBER |
|---|---|---|
| Anderson, Elizabeth, , , | House AL 06 | C00857342 |

**5. IS THIS AN AMENDMENT?** ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____

| A. FULL NAME | Name of Employer | Date (month, day, year) | Amount |
|---|---|---|---|
| Committee to Elect Shomari Figures<br>MAILING ADDRESS: 5304 McKinley Street<br>CITY: Bethesda STATE: MD ZIP CODE: 20814 | Transaction ID : F6.8096<br>Occupation: | 10/24/2024 | 2000.00 |
| **B. FULL NAME**<br>MAILING ADDRESS<br>CITY STATE ZIP CODE | Name of Employer<br>Occupation | Date (month, day, year) | Amount |
| **C. FULL NAME**<br>MAILING ADDRESS<br>CITY STATE ZIP CODE | Name of Employer<br>Occupation | Date (month, day, year) | Amount |
| **D. FULL NAME**<br>MAILING ADDRESS<br>CITY STATE ZIP CODE | Name of Employer<br>Occupation | Date (month, day, year) | Amount |
| **E. FULL NAME**<br>MAILING ADDRESS<br>CITY STATE ZIP CODE | Name of Employer<br>Occupation | Date (month, day, year) | Amount |

**SIGNATURE (optional)**
*Northrop, Emily, , ,*

**DATE**
10/25/2024

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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)