

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 BRAD KNOTT FOR CONGRESS				
ADDRESS (number and street) PO BOX 97275				
CITY RALEIGH		STATE NC		ZIP CODE 27624-7275
2. NAME OF CANDIDATE KNOTT, BRAD, , ,			3. OFFICE SOUGHT (State and District) House NC 13	
4. FEC IDENTIFICATION NUMBER C00855361				
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____				
A. FULL NAME COTE, DAVID, , ,			Name of Employer RETIRED	
MAILING ADDRESS PO BOX 781			Date (month, day, year) 02/16/2024	
CITY ANNA MARIA			Amount 3300.00	
STATE FL			Transaction ID : 6FAE4E367E5AF4E01	
ZIP CODE 34216-0781			Occupation RETIRED	
B. FULL NAME COTE, MAUREEN, , ,			Name of Employer RETIRED	
MAILING ADDRESS PO BOX 781			Date (month, day, year) 02/16/2024	
CITY ANNA MARIA			Amount 3300.00	
STATE FL			Transaction ID : 6E22CDDA685F34076	
ZIP CODE 34216-0781			Occupation RETIRED	
C. FULL NAME WOOLNER, DARLIENE, S, ,			Name of Employer HOMEMAKER	
MAILING ADDRESS 203 AVENUE OF THE EST			Date (month, day, year) 02/16/2024	
CITY CARY			Amount 1000.00	
STATE NC			Transaction ID : 6F660C67311134AA2	
ZIP CODE 27518-8632			Occupation HOMEMAKER	
D. FULL NAME FITZGERALD, AUSTIN, GRANT, ,			Name of Employer MAKO MEDICAL	
MAILING ADDRESS 4815 MOREHEAD DR			Date (month, day, year) 02/16/2024	
CITY RALEIGH			Amount 1000.00	
STATE NC			Transaction ID : 6654DF16A57AB438F	
ZIP CODE 27612-5723			Occupation SALES	
E. FULL NAME DOSTER, DAN, , ,			Name of Employer UNEMPLOYED	
MAILING ADDRESS 908 SALEM WOODS DR			Date (month, day, year) 02/16/2024	
CITY RALEIGH			Amount 1000.00	
STATE NC			Transaction ID : 653EE98BC417B42A	
ZIP CODE 27615-3339			Occupation UNEMPLOYED	
SIGNATURE (optional) HOOMANI, MARY, , ,			DATE 02/17/2024	
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)

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continuation page			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE COTE, DAVID, , , PO BOX 781 ANNA MARIA FL 34216-0781		Name of Employer RETIRED Date (month, day, year) 02/16/2024 Amount 3300.00 Transaction ID : 6DF71020724AF4B3493B Occupation RETIRED	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE COTE, MAUREEN, , , PO BOX 781 ANNA MARIA FL 34216-0781		Name of Employer RETIRED Date (month, day, year) 02/16/2024 Amount 3300.00 Transaction ID : 643B29AAA242F45F49CD Occupation RETIRED	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE SANDERS, ANGELA, A, , 204 SEDGEMOOR DR CARY NC 27513-5594		Name of Employer PRECISION WALLS Date (month, day, year) 02/16/2024 Amount 3300.00 Transaction ID : 6AE45381BDA8C44A784E Occupation REALTOR	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE LOFTIN, JASPER, G, MR., JR 5100 WINDING VIEW LN RALEIGH NC 27615-1893		Name of Employer EAGLE ROCK CONCRETE, LLC Date (month, day, year) 02/16/2024 Amount 1000.00 Transaction ID : 6D8F8259F5B104426ADD Occupation CEO	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE GOODRICH, ALFERD, BENJAMIN, , II 3721 WILLIAMSBOROUGH CT RALEIGH NC 27609-6357		Name of Employer SELF-EMPLOYED Date (month, day, year) 02/16/2024 Amount 1000.00 Transaction ID : 6A09ECBB34B454190AE2 Occupation REAL ESTATE/CONSTRUCTION	

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continuation page			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE SPIVEY, JEREMY, , , 411 MARLOWE RD RALEIGH NC 27609-7017		Name of Employer CARDINAL CIVIL CONTRACTING, LLC Transaction ID : 6A7DDA70F94EA4654A5A Occupation MANAGING MEMBER	
		Date (month, day, year) 02/16/2024	
		Amount 2500.00	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	
		Date (month, day, year)	
		Amount	
		Occupation	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	
		Date (month, day, year)	
		Amount	
		Occupation	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	
		Date (month, day, year)	
		Amount	
		Occupation	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	
		Date (month, day, year)	
		Amount	
		Occupation	