

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 Seth Bodnar for Montana						
ADDRESS (number and street) PO Box 7188						
CITY Missoula		STATE MT		ZIP CODE 59807		
2. NAME OF CANDIDATE Bodnar, Seth, , ,			3. OFFICE SOUGHT (State and District) Senate MT		4. FEC IDENTIFICATION NUMBER C00941708	
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____						
A. FULL NAME Cuocolo, Kathy, , ,				Name of Employer Not Employed		
MAILING ADDRESS 243 Caterina Hts				Date (month, day, year) 05/18/2026		
CITY Concord				Amount 1000.00		
STATE MA		ZIP CODE 01742-4774		Transaction ID : 1861470		
Occupation Not Employed						
B. FULL NAME Hellinger, Dean, , ,				Name of Employer Not Employed		
MAILING ADDRESS 529 N Devon Rd				Date (month, day, year) 05/18/2026		
CITY Shelby				Amount 1000.00		
STATE MT		ZIP CODE 59474-9015		Transaction ID : 1861468		
Occupation Not Employed						
C. FULL NAME MacRae, Elizabeth, , ,				Name of Employer Not Employed		
MAILING ADDRESS 26910 Wedgewood Dr				Date (month, day, year) 05/18/2026		
Apt 501 CITY Bonita Springs				Amount 2000.00		
STATE FL		ZIP CODE 34134-8663		Transaction ID : 1861466		
Occupation Not Employed						
D. FULL NAME Mallett, Stefania, , ,				Name of Employer Not Employed		
MAILING ADDRESS 19 Plymouth Rd				Date (month, day, year) 05/18/2026		
CITY Weston				Amount 1000.00		
STATE MA		ZIP CODE 02493-2131		Transaction ID : 1861471		
Occupation Not Employed						
E. FULL NAME Norris, Kenneth, , ,				Name of Employer Animal Urgent Care		
MAILING ADDRESS 1747 Sturm Ave				Date (month, day, year) 05/18/2026		
CITY Walla Walla				Amount 1000.00		
STATE WA		ZIP CODE 99362-9054		Transaction ID : 1861467		
Occupation Veterinarian						
SIGNATURE (optional) Lee, Lauren, Decot, ,				DATE 05/20/2026		
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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A. FULL NAME, MAILING ADDRESS AND ZIP CODE Read, Katherine, , , 75 Nehoiden Rd Waban MA 02468-1925	Name of Employer Not Employed Transaction ID : 1861469 Occupation Not Employed	Date (month, day, year) 05/18/2026	Amount 1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Robbins, Richard, , , 1120 Nye St Ste 400 San Rafael CA 94901-2946	Name of Employer Self Employed Transaction ID : 1861463 Occupation Real Estate Developer	Date (month, day, year) 05/18/2026	Amount 3500.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Robbins, Richard, , , 1120 Nye St Ste 400 San Rafael CA 94901-2946	Name of Employer Self Employed Transaction ID : 1861780 Occupation Real Estate Developer	Date (month, day, year) 05/18/2026	Amount 3500.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Schramm, Leroy, H, , 1900 Dry Gulch Dr Helena MT 59601-6665	Name of Employer Not Employed Transaction ID : 1861464 Occupation Retired	Date (month, day, year) 05/18/2026	Amount 3500.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Schramm, Leroy, H, , 1900 Dry Gulch Dr Helena MT 59601-6665	Name of Employer Not Employed Transaction ID : 1861779 Occupation Retired	Date (month, day, year) 05/18/2026	Amount 1500.00

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Worrell, Larry, Brian, , 1029 9th St Boulder CO 80302-7227		Name of Employer Not Employed Transaction ID : 1861465 Occupation Not Employed	Date (month, day, year) 05/18/2026 Amount 3500.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer Occupation	Date (month, day, year) Amount
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer Occupation	Date (month, day, year) Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer Occupation	Date (month, day, year) Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer Occupation	Date (month, day, year) Amount

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