

# 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><b>BYRON DONALDS FOR CONGRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                               |                                                             |                           |                                                        |                                                                                                                                                                |  |                                                         |  |                                              |                          |                                                |  |  |                                   |  |                           |                      |                               |                                                   |  |
| <b>ADDRESS</b> (number and street) 2430 VANDERBILT BEACH ROAD<br>STE 108 PMB 260                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                               |                                                             |                           |                                                        |                                                                                                                                                                |  |                                                         |  |                                              |                          |                                                |  |  |                                   |  |                           |                      |                               |                                                   |  |
| <b>CITY</b><br>NAPLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      | <b>STATE</b><br>FL            |                                                             | <b>ZIP CODE</b><br>34108  |                                                        |                                                                                                                                                                |  |                                                         |  |                                              |                          |                                                |  |  |                                   |  |                           |                      |                               |                                                   |  |
| <b>2. NAME OF CANDIDATE</b><br>DONALDS, BYRON, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |                               | <b>3. OFFICE SOUGHT</b> (State and District)<br>House FL 19 |                           |                                                        |                                                                                                                                                                |  |                                                         |  |                                              |                          |                                                |  |  |                                   |  |                           |                      |                               |                                                   |  |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00733329                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                               |                                                             |                           |                                                        |                                                                                                                                                                |  |                                                         |  |                                              |                          |                                                |  |  |                                   |  |                           |                      |                               |                                                   |  |
| <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 ____ / ____ / ____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                               |                                                             |                           |                                                        |                                                                                                                                                                |  |                                                         |  |                                              |                          |                                                |  |  |                                   |  |                           |                      |                               |                                                   |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> <b>A. FULL NAME</b><br/> <b>BIGGERS, DAVID, , ,</b> </td> <td colspan="2"> <b>Name of Employer</b><br/> <b>INFORMATION REQUESTED</b> </td> <td rowspan="3"> <b>Date (month, day, year)</b><br/>         10/31/2022       </td> <td rowspan="3"> <b>Amount</b><br/>         1000.00       </td> </tr> <tr> <td colspan="3"> <b>MAILING ADDRESS</b><br/>         5034 RUSTIC OAKS CIR       </td> <td colspan="2"> <b>Transaction ID : F6.221988</b> </td> </tr> <tr> <td> <b>CITY</b><br/>         NAPLES       </td> <td> <b>STATE</b><br/>         FL       </td> <td> <b>ZIP CODE</b><br/>         34105-4527       </td> <td colspan="2"> <b>Occupation</b><br/> <b>INFORMATION REQUESTED</b> </td> </tr> </table> |                      |                               |                                                             |                           | <b>A. FULL NAME</b><br><b>BIGGERS, DAVID, , ,</b>      |                                                                                                                                                                |  | <b>Name of Employer</b><br><b>INFORMATION REQUESTED</b> |  | <b>Date (month, day, year)</b><br>10/31/2022 | <b>Amount</b><br>1000.00 | <b>MAILING ADDRESS</b><br>5034 RUSTIC OAKS CIR |  |  | <b>Transaction ID : F6.221988</b> |  | <b>CITY</b><br>NAPLES     | <b>STATE</b><br>FL   | <b>ZIP CODE</b><br>34105-4527 | <b>Occupation</b><br><b>INFORMATION REQUESTED</b> |  |
| <b>A. FULL NAME</b><br><b>BIGGERS, DAVID, , ,</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                               | <b>Name of Employer</b><br><b>INFORMATION REQUESTED</b>     |                           | <b>Date (month, day, year)</b><br>10/31/2022           | <b>Amount</b><br>1000.00                                                                                                                                       |  |                                                         |  |                                              |                          |                                                |  |  |                                   |  |                           |                      |                               |                                                   |  |
| <b>MAILING ADDRESS</b><br>5034 RUSTIC OAKS CIR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                               | <b>Transaction ID : F6.221988</b>                           |                           |                                                        |                                                                                                                                                                |  |                                                         |  |                                              |                          |                                                |  |  |                                   |  |                           |                      |                               |                                                   |  |
| <b>CITY</b><br>NAPLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>STATE</b><br>FL   | <b>ZIP CODE</b><br>34105-4527 | <b>Occupation</b><br><b>INFORMATION REQUESTED</b>           |                           |                                                        |                                                                                                                                                                |  |                                                         |  |                                              |                          |                                                |  |  |                                   |  |                           |                      |                               |                                                   |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> <b>B. FULL NAME</b><br/> <b>CREEKMORE, JUDITH, C., ,</b> </td> <td colspan="2"> <b>Name of Employer</b><br/> <b>RETIRED</b> </td> <td rowspan="3"> <b>Date (month, day, year)</b><br/>         10/31/2022       </td> <td rowspan="3"> <b>Amount</b><br/>         1000.00       </td> </tr> <tr> <td colspan="3"> <b>MAILING ADDRESS</b><br/>         1885 NW 108TH AVE       </td> <td colspan="2"> <b>Transaction ID : F6.221990</b> </td> </tr> <tr> <td> <b>CITY</b><br/>         PLANTATION       </td> <td> <b>STATE</b><br/>         FL       </td> <td> <b>ZIP CODE</b><br/>         33322       </td> <td colspan="2"> <b>Occupation</b><br/> <b>RETIRED</b> </td> </tr> </table>                            |                      |                               |                                                             |                           | <b>B. FULL NAME</b><br><b>CREEKMORE, JUDITH, C., ,</b> |                                                                                                                                                                |  | <b>Name of Employer</b><br><b>RETIRED</b>               |  | <b>Date (month, day, year)</b><br>10/31/2022 | <b>Amount</b><br>1000.00 | <b>MAILING ADDRESS</b><br>1885 NW 108TH AVE    |  |  | <b>Transaction ID : F6.221990</b> |  | <b>CITY</b><br>PLANTATION | <b>STATE</b><br>FL   | <b>ZIP CODE</b><br>33322      | <b>Occupation</b><br><b>RETIRED</b>               |  |
| <b>B. FULL NAME</b><br><b>CREEKMORE, JUDITH, C., ,</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                               | <b>Name of Employer</b><br><b>RETIRED</b>                   |                           | <b>Date (month, day, year)</b><br>10/31/2022           | <b>Amount</b><br>1000.00                                                                                                                                       |  |                                                         |  |                                              |                          |                                                |  |  |                                   |  |                           |                      |                               |                                                   |  |
| <b>MAILING ADDRESS</b><br>1885 NW 108TH AVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                               | <b>Transaction ID : F6.221990</b>                           |                           |                                                        |                                                                                                                                                                |  |                                                         |  |                                              |                          |                                                |  |  |                                   |  |                           |                      |                               |                                                   |  |
| <b>CITY</b><br>PLANTATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>STATE</b><br>FL   | <b>ZIP CODE</b><br>33322      | <b>Occupation</b><br><b>RETIRED</b>                         |                           |                                                        |                                                                                                                                                                |  |                                                         |  |                                              |                          |                                                |  |  |                                   |  |                           |                      |                               |                                                   |  |
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| <b>C. FULL NAME</b><br><b>MOORE, MARY, L., ,</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                               | <b>Name of Employer</b><br><b>RETIRED</b>                   |                           | <b>Date (month, day, year)</b><br>10/31/2022           | <b>Amount</b><br>1000.00                                                                                                                                       |  |                                                         |  |                                              |                          |                                                |  |  |                                   |  |                           |                      |                               |                                                   |  |
| <b>MAILING ADDRESS</b><br>PO BOX 269                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                               | <b>Transaction ID : F6.221989</b>                           |                           |                                                        |                                                                                                                                                                |  |                                                         |  |                                              |                          |                                                |  |  |                                   |  |                           |                      |                               |                                                   |  |
| <b>CITY</b><br>SALUDA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>STATE</b><br>VA   | <b>ZIP CODE</b><br>23149-0269 | <b>Occupation</b><br><b>RETIRED</b>                         |                           |                                                        |                                                                                                                                                                |  |                                                         |  |                                              |                          |                                                |  |  |                                   |  |                           |                      |                               |                                                   |  |
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| <b>D. FULL NAME</b><br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                               | <b>Name of Employer</b><br><br>                             |                           | <b>Date (month, day, year)</b><br><br>                 | <b>Amount</b><br><br>                                                                                                                                          |  |                                                         |  |                                              |                          |                                                |  |  |                                   |  |                           |                      |                               |                                                   |  |
| <b>MAILING ADDRESS</b><br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                               | <br>                                                        |                           |                                                        |                                                                                                                                                                |  |                                                         |  |                                              |                          |                                                |  |  |                                   |  |                           |                      |                               |                                                   |  |
| <b>CITY</b><br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>STATE</b><br><br> | <b>ZIP CODE</b><br><br>       | <b>Occupation</b><br><br>                                   |                           |                                                        |                                                                                                                                                                |  |                                                         |  |                                              |                          |                                                |  |  |                                   |  |                           |                      |                               |                                                   |  |
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| <b>E. FULL NAME</b><br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                               | <b>Name of Employer</b><br><br>                             |                           | <b>Date (month, day, year)</b><br><br>                 | <b>Amount</b><br><br>                                                                                                                                          |  |                                                         |  |                                              |                          |                                                |  |  |                                   |  |                           |                      |                               |                                                   |  |
| <b>MAILING ADDRESS</b><br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                               | <br>                                                        |                           |                                                        |                                                                                                                                                                |  |                                                         |  |                                              |                          |                                                |  |  |                                   |  |                           |                      |                               |                                                   |  |
| <b>CITY</b><br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>STATE</b><br><br> | <b>ZIP CODE</b><br><br>       | <b>Occupation</b><br><br>                                   |                           |                                                        |                                                                                                                                                                |  |                                                         |  |                                              |                          |                                                |  |  |                                   |  |                           |                      |                               |                                                   |  |
| <b>SIGNATURE (optional)</b><br>CRATE, BRADLEY, T, ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                               |                                                             | <b>DATE</b><br>11/01/2022 |                                                        | <b>For further information contact:</b><br>Federal Election Commission<br>999 E Street, NW, Washington, DC 20463<br>Toll Free 800-424-9530, Local 202-694-1100 |  |                                                         |  |                                              |                          |                                                |  |  |                                   |  |                           |                      |                               |                                                   |  |
| <b>[Electronically Filed]</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                               |                                                             |                           |                                                        |                                                                                                                                                                |  |                                                         |  |                                              |                          |                                                |  |  |                                   |  |                           |                      |                               |                                                   |  |

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**FEC FORM 6**  
(Revised 03/2016)