

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 Angie Craig for Congress					
ADDRESS (number and street) PO Box 22116					
CITY Eagan		STATE MN		ZIP CODE 55122	
2. NAME OF CANDIDATE Craig, Angela, Dawn, ,			3. OFFICE SOUGHT (State and District) House MN 02		4. FEC IDENTIFICATION NUMBER C00575209
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____					
A. FULL NAME BOBBY SCOTT FOR CONGRESS			Name of Employer Lawrence Creek		Date (month, day, year) 10/18/2024
MAILING ADDRESS PO Box 251			Transaction ID : 5205230		Amount 1000.00
CITY Newport News	STATE VA	ZIP CODE 23607-0251	Occupation		
B. FULL NAME Cowles, Elizabeth, Knudsen, ,			Name of Employer Lawrence Creek		Date (month, day, year) 10/18/2024
MAILING ADDRESS 475 Grand HI			Transaction ID : 5205234		Amount 2000.00
CITY Saint Paul	STATE MN	ZIP CODE 55102-2612	Occupation Director		
C. FULL NAME Evnin, Anthony, B., ,			Name of Employer Not Employed		Date (month, day, year) 10/18/2024
MAILING ADDRESS 364 E Middle Patent Rd			Transaction ID : 5204676		Amount 2000.00
CITY Greenwich	STATE CT	ZIP CODE 06831-2839	Occupation Retired		
D. FULL NAME Greenfield, Marcia, , ,			Name of Employer Not Employed		Date (month, day, year) 10/18/2024
MAILING ADDRESS 2308 32Nd Ave S			Transaction ID : 5204675		Amount 1000.00
CITY Minneapolis	STATE MN	ZIP CODE 55406-1458	Occupation Retired		
E. FULL NAME JASON CROW FOR CONGRESS			Name of Employer		Date (month, day, year) 10/18/2024
MAILING ADDRESS PO Box 32145			Transaction ID : 5204634		Amount 1000.00
CITY Aurora	STATE CO	ZIP CODE 80041-2145	Occupation		
SIGNATURE (optional) Swenson, Scott, , ,				DATE 10/20/2024	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 MacDonald, Robert, , , 2480 Old Beach Rd Wayzata MN 55391-9762		Name of Employer Not Employed Transaction ID : 5205232 Occupation Not Employed	
		Date (month, day, year) 10/18/2024	
		Amount 1000.00	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Moravec, Susan, , , 140 Mallard Dr Shakopee MN 55379-9374		Name of Employer Not Employed Transaction ID : 5204674 Occupation Not Employed	
		Date (month, day, year) 10/18/2024	
		Amount 1000.00	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Neubauer, Lawrence, , , 135 Central Park W Apt 12SC New York NY 10023-5755		Name of Employer Quilvest Capital Partners Transaction ID : 5205231 Occupation Investor	
		Date (month, day, year) 10/19/2024	
		Amount 3300.00	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Offenhartz, Adam, , , 45 W 10Th St Apt 5FG New York NY 10011-8763		Name of Employer Baughman Kroup Bosse Transaction ID : 5205228 Occupation Attorney	
		Date (month, day, year) 10/18/2024	
		Amount 1000.00	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Progressive Turnout Project PO Box 617614 Chicago IL 60661-7614		Name of Employer Transaction ID : 5204697 Occupation	
		Date (month, day, year) 10/18/2024	
		Amount 1000.00	

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Snyder, Bruce, , , 720 S Plaza Way Apt 303 Saint Paul MN 55120-6608		Name of Employer Not Employed Transaction ID : 5205233 Occupation Not Employed	
		Date (month, day, year) 10/18/2024	
		Amount 2000.00	
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	

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