

# 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>MIKE KENNEDY FOR UTAH                                                                                                                |                    |                               |                                                             |                               |                                                                                                                                              |
| <b>ADDRESS</b> (number and street) 659 E 200 N                                                                                                                              |                    |                               |                                                             |                               |                                                                                                                                              |
| <b>CITY</b><br>ALPINE                                                                                                                                                       |                    | <b>STATE</b><br>UT            |                                                             | <b>ZIP CODE</b><br>84004-1443 |                                                                                                                                              |
| <b>2. NAME OF CANDIDATE</b><br>KENNEDY, MIKE, , ,                                                                                                                           |                    |                               | <b>3. OFFICE SOUGHT</b> (State and District)<br>House UT 03 |                               | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00864488                                                                                             |
| <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 ____ / ____ / ____ |                    |                               |                                                             |                               |                                                                                                                                              |
| <b>A. FULL NAME</b><br>RAWLE, TODD, , ,                                                                                                                                     |                    |                               | <b>Name of Employer</b><br>INFORMATION REQUESTED            |                               | <b>Date (month, day, year)</b><br>04/12/2024                                                                                                 |
| <b>MAILING ADDRESS</b><br>301 W 3540 N                                                                                                                                      |                    |                               | <b>Transaction ID : 69545FB4DA2454E86</b>                   |                               | <b>Amount</b><br>1000.00                                                                                                                     |
| <b>CITY</b><br>PROVO                                                                                                                                                        | <b>STATE</b><br>UT | <b>ZIP CODE</b><br>84604-5600 | <b>Occupation</b><br>INFORMATION REQUESTED                  |                               |                                                                                                                                              |
| <b>B. FULL NAME</b><br>COMMITTEE TO ELECT JAY COBB                                                                                                                          |                    |                               | <b>Name of Employer</b>                                     |                               | <b>Date (month, day, year)</b><br>04/12/2024                                                                                                 |
| <b>MAILING ADDRESS</b><br>4346 W SILENT RAIN DR                                                                                                                             |                    |                               | <b>Transaction ID : 6B42B594A12D24041</b>                   |                               | <b>Amount</b><br>1000.00                                                                                                                     |
| <b>CITY</b><br>SOUTH JORDAN                                                                                                                                                 | <b>STATE</b><br>UT | <b>ZIP CODE</b><br>84009-5020 | <b>Occupation</b>                                           |                               |                                                                                                                                              |
| <b>C. FULL NAME</b>                                                                                                                                                         |                    |                               | <b>Name of Employer</b>                                     |                               | <b>Date (month, day, year)</b>                                                                                                               |
| <b>MAILING ADDRESS</b>                                                                                                                                                      |                    |                               |                                                             |                               | <b>Amount</b>                                                                                                                                |
| <b>CITY</b>                                                                                                                                                                 | <b>STATE</b>       | <b>ZIP CODE</b>               | <b>Occupation</b>                                           |                               |                                                                                                                                              |
| <b>D. FULL NAME</b>                                                                                                                                                         |                    |                               | <b>Name of Employer</b>                                     |                               | <b>Date (month, day, year)</b>                                                                                                               |
| <b>MAILING ADDRESS</b>                                                                                                                                                      |                    |                               |                                                             |                               | <b>Amount</b>                                                                                                                                |
| <b>CITY</b>                                                                                                                                                                 | <b>STATE</b>       | <b>ZIP CODE</b>               | <b>Occupation</b>                                           |                               |                                                                                                                                              |
| <b>E. FULL NAME</b>                                                                                                                                                         |                    |                               | <b>Name of Employer</b>                                     |                               | <b>Date (month, day, year)</b>                                                                                                               |
| <b>MAILING ADDRESS</b>                                                                                                                                                      |                    |                               |                                                             |                               | <b>Amount</b>                                                                                                                                |
| <b>CITY</b>                                                                                                                                                                 | <b>STATE</b>       | <b>ZIP CODE</b>               | <b>Occupation</b>                                           |                               |                                                                                                                                              |
| <b>SIGNATURE (optional)</b><br>DATWYLER, THOMAS, , ,                                                                                                                        |                    |                               |                                                             | <b>DATE</b><br>04/12/2024     | For further information,<br>contact the Federal Election Commission<br>at 800-424-9530 or visit <a href="http://www.fec.gov">www.fec.gov</a> |

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