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
Aftyn Behn for Congress

ADDRESS (number and street) PO Box 160179

CITY	STATE	ZIP CODE
Nashville	TN	37216

2. NAME OF CANDIDATE
Behn, Aftyn, , ,

3. OFFICE SOUGHT (State and District)
House TN 07

4. FEC IDENTIFICATION NUMBER
C00912642

5. IS THIS AN AMENDMENT? [X] NO, THIS IS A NEW FILING [ ] YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____

A. FULL NAME Beck, Coleen, , , **MAILING ADDRESS** 20618 State Highway 195 **CITY** Killeen **STATE** TX **ZIP CODE** 76542-4867	Name of Employer Not Employed **Transaction ID : 10492600** Occupation Not Employed	Date (month, day, year) 11/22/2025	Amount 1000.00
B. FULL NAME Connell, William, , , **MAILING ADDRESS** 111 W Westminster Lake Frst **CITY** Lake Forest **STATE** IL **ZIP CODE** 60045	Name of Employer Not Employed **Transaction ID : 10492598** Occupation Not Employed	Date (month, day, year) 11/22/2025	Amount 1750.00
C. FULL NAME Connell, William, , , **MAILING ADDRESS** 111 W Westminster Lake Frst **CITY** Lake Forest **STATE** IL **ZIP CODE** 60045	Name of Employer Not Employed **Transaction ID : 10492599** Occupation Not Employed	Date (month, day, year) 11/22/2025	Amount 1750.00
D. FULL NAME Cryer, Jon, , , **MAILING ADDRESS** 26893 Bouquet Canyon Rd Ste C210 **CITY** Santa Clarita **STATE** CA **ZIP CODE** 91350-3500	Name of Employer Self **Transaction ID : 10492596** Occupation Producer	Date (month, day, year) 11/22/2025	Amount 2000.00
E. FULL NAME Dimick, Robert, , , **MAILING ADDRESS** 5457 Soundside Dr **CITY** Gulf Breeze **STATE** FL **ZIP CODE** 32563-9532	Name of Employer Santa Rosa Medical Group **Transaction ID : 10492601** Occupation Physician	Date (month, day, year) 11/22/2025	Amount 1000.00

SIGNATURE (optional)
Warner, Emilee, , ,

DATE
11/24/2025

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

FEC FORM 6
(Revised 03/2016)

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1. **NAME OF COMMITTEE IN FULL**
Aftyn Behn for Congress

ADDRESS (number and street) PO Box 160179

CITY, STATE, and **ZIP CODE**
Nashville TN 37216

continuation page

2. **NAME OF CANDIDATE**
Behn, Aftyn, , ,

3. **OFFICE SOUGHT** (State and District)
House TN 07

4. **FEC IDENTIFICATION NUMBER**
C00912642

5. **IS THIS AN AMENDMENT?** ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____

A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer / Occupation	Date (month, day, year)	Amount
Sanchez, Guadalupe, , , 7419 Buckingham Dr Saint Louis MO 63105-2907	Not Employed **Transaction ID : 10492597** Occupation: Not Employed	11/22/2025	2000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer / Occupation	Date (month, day, year)	Amount
Trotter, Carol, , , 477 Awol Rd Jonestown PA 17038-8014	CDC **Transaction ID : 10492595** Occupation: Public Health Advisor	11/22/2025	2800.00
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