PAGE 1/2

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.

NAME OF COMMITTEE IN											
Aftyn Behn for Congres											
ADDRESS (number and str	reet) PO Box 160179										
CITY		STA	TE		ZIP COD	DE					
Nashville TN			ΓΝ	37216							
2. NAME OF CANDIDATE				3. OFFICE SOUGHT (State and District)				4. FEC IDENTIFICATION NUMBER			
Behn, Aftyn, , ,				House	-	TN 0	7	C00912642			
5. IS THIS AN AMENDMENT	? NO, THIS IS A	NEW FILING		YES, IT AME	ENDS THE	NOTICE FILED	ON _	/			
A. FULL NAME				Name of Emp	oloyer			Date (month,	Amount		
Beck, Coleen, , ,				Not Employed				day, year)			
MAILING ADDRESS 20618 State Highway	195			Transaction ID : 10492600				11/22/2025	1000.00		
CITY STATE ZIP CODE			Occupation								
Killeen	TX	76542-4	867	Not Employed							
B. FULL NAME				Name of Emp				Date (month,	Amount		
Connell, William, , ,				Not Employ	-			day, year)			
MAILING ADDRESS								11/22/2025	1750.00		
111 W Westminster La	ake Frst			Transaction	ID : 104	192598					
CITY	STATE	ZIP CODE		Occupation							
Lake Forest	IL	60045		Not Employed							
C. FULL NAME				Name of Emp	olover			Date (month,	Amount		
Connell, William, , ,				Not Employ				day, year)			
MAILING ADDRESS								11/22/2025	1750.00		
111 W Westminster La	ake Frst			Transaction	ID : 10	492599					
CITY	STATE	ZIP CODE		Occupation							
Lake Forest	IL	60045		Not Employ	/ed						
D. FULL NAME	l			Name of Emp	oloyer			Date (month,	Amount		
Cryer, Jon, , ,				Self				day, year)			
MAILING ADDRESS								11/22/2025	2000.00		
26893 Bouquet Canyo Ste C210	on Rd			Transaction ID: 10492596							
CITY	STATE	ZIP CODE		Occupation							
Santa Clarita	CA	91350-3	3500	Producer							
E. FULL NAME	I	l		Name of Emp	olover			Date (month,	Amount		
Dimick, Robert, , ,				Santa Rosa Medical Group				day, year)			
MAILING ADDRESS								11/22/2025	1000.00		
5457 Soundside Dr				Transaction	ID : 104	492601					
CITY	STATE	ZIP CODE		Occupation							
Gulf Breeze	FL	32563-9	9532	Physician							
SIGNATURE (optional)	I	I		+		DATE		F6.0	or information		
Warner, Emilee, , ,				11/24/2025				For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov			



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.



48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

10 L	e usea	то герог	t all corr	INDULIONS	(Including	j ioaris)	01 \$ 1000) OF THE	ore, receive	a witi iii	20 days	OI THE	election.

NAME OF COMMITTEE IN FULL					1			
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		3. OFFICE SOL	JGHT (State and Dis	trict)	4. FEC IDENTIFICATION NUMBER			
Behn, Aftyn, , ,		House TN 07			C00912642			
5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING		YES, IT AMEN	NDS THE NOTICE F	ILED ON	/	/		
A. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Empl	oyer		Date (month, day, year)	Amount		
Sanchez, Guadalupe, , ,		Not Employe	ed					
7419 Buckingham Dr					11/22/2025	2000.00		
7410 Buckingham Bi		Transaction	ID: 10492597					
Spirit Louis	105 2007	Occupation						
Saint Louis MO 63	105-2907	Not Employe	ed					
B. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Empl	oyer		Date (month, day, year)	Amount		
Trotter, Carol, , ,		CDC			11/22/2025	2800.00		
477 Awol Rd		T	ID 40400505					
			ID : 10492595		_			
Jonestown PA 170	038-8014	Occupation Public Healtl	h Advisor					
C. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Empl	oyer		Date (month, day, year)	Amount		
		Occupation						
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Empl	oyer		Date (month, day, year)	Amount			
		Occupation						
E. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Empl	oyer		Date (month, day, year)	Amount		
		Occupation						