

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 Brad Ashford for Congress																						
ADDRESS (number and street) PO Box 24023																						
CITY Omaha		STATE NE		ZIP CODE 68124																		
2. NAME OF CANDIDATE Ashford, Brad, , ,		3. OFFICE SOUGHT (State and District) House NE 02		4. FEC IDENTIFICATION NUMBER C00557181																		
5. IS THIS AN AMENDMENT? <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"> A. FULL NAME CHERPAC </td> <td> Name of Employer </td> <td> Date (month, day, year) </td> <td> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 1050 17Th St NW Ste 590 </td> <td> Transaction ID : 924091 </td> <td> 05/01/2018 </td> <td> 1500.00 </td> </tr> <tr> <td> CITY Washington </td> <td> STATE DC </td> <td> ZIP CODE 20036-5592 </td> <td> Occupation </td> <td></td> <td></td> </tr> </table>					A. FULL NAME CHERPAC			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS 1050 17Th St NW Ste 590			Transaction ID : 924091	05/01/2018	1500.00	CITY Washington	STATE DC	ZIP CODE 20036-5592	Occupation		
A. FULL NAME CHERPAC			Name of Employer	Date (month, day, year)	Amount																	
MAILING ADDRESS 1050 17Th St NW Ste 590			Transaction ID : 924091	05/01/2018	1500.00																	
CITY Washington	STATE DC	ZIP CODE 20036-5592	Occupation																			
B. FULL NAME Helm, Nelson, , ,			Name of Employer Retired	Date (month, day, year)	Amount																	
MAILING ADDRESS 4112 Massie Ave Apt 3			Transaction ID : 926009	05/02/2018	2018.00																	
CITY Louisville	STATE KY	ZIP CODE 40207-2179	Occupation None																			
C. FULL NAME MAILING ADDRESS			Name of Employer	Date (month, day, year)	Amount																	
CITY	STATE	ZIP CODE	Occupation																			
D. FULL NAME MAILING ADDRESS			Name of Employer	Date (month, day, year)	Amount																	
CITY	STATE	ZIP CODE	Occupation																			
E. FULL NAME MAILING ADDRESS			Name of Employer	Date (month, day, year)	Amount																	
CITY	STATE	ZIP CODE	Occupation																			
SIGNATURE (optional) Barrett, Frank, , ,			DATE 05/03/2018	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																		
<i>[Electronically Filed]</i>																						

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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)