04/20/2022 14:19

Image# 202204209500105345 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 full Beatty for Cong							
ADDRESS (number and street)	PO Box 172						
CITY STATE				CODE			
Columbus OH			43216  3. OFFICE SOUGHT (State and District)		4. FEC IDENTIFICATION I	MIIMBED	
2. NAME OF CANDIDATE Beatty, Joyce, , ,			House	OH 03			
5. IS THIS AN AMENDMENT?	X NO, THIS IS A	NEW FILING	YES, IT AMENDS	THE NOTICE FILED ON	//		
A. FULL NAME Daschle, Nathan, , ,			Name of Employer The Daschle Group		Date (month, day, year)	Amount	
MAILING ADDRESS 3306 Porter St NW			Transaction ID : 4522900		04/18/2022	1000.00	
CITY	STATE	ZIP CODE	Occupation				
NA	D0						
Washington	DC	20008-3213	President & CO	0	5		
B. FULL NAME Equitable Holdings, Inc. Political Action Committee			Name of Employe	r	Date (month, day, year)	Amount	
MAILING ADDRESS 1290 Avenue Of The Americas					04/18/2022	2500.00	
		Transaction ID : 4513256					
CITY New York	STATE	ZIP CODE 10104-0101	Occupation				
C. FULL NAME	141	10104 0101	Name of Employe	_	Date (month,	Amount	
C. FULL NAME EXPERIAN NORTH AMERICA, INC POLITICAL ACTION COMMITTEE (EXPERIAN PAC)			Name of Employer		day, year)	Amount	
MAILING ADDRESS 205 Pennsylvania Ave SE			Transaction ID: 4513257		04/18/2022	2500.00	
CITY	STATE	ZIP CODE	Occupation	. 4010207			
Washington	DC	20003-1164					
D. FULL NAME			Name of Employe	r	Date (month,	Amount	
Mathis, Michael, , ,			The Mathis Harple Group, LLC		day, year)		
MAILING ADDRESS					04/18/2022	2000.00	
MAILING ADDRESS 1100 H St NW			Transaction ID : 4522001				
Ste 910	STATE	ZIP CODE	Transaction ID : 4522901 Occupation				
Washington	DC	20005-5498	Consultant				
E. FULL NAME NATIONAL APARTMENT ASSOCIATION POLITICAL ACTION COMMITTEE			Name of Employer		Date (month, day, year)	Amount	
MAILING ADDRESS 4300 Wilson Blvd					04/18/2022	2500.00	
Ste 800		Transaction ID: 4513258					
CITY	STATE	ZIP CODE	Occupation				
Arlington	VA	22203-4213					
SIGNATURE (optional) Ruppert, Jeffrey, A, ,	1	,	[Electronically File	DATE 04/20/2022 ed]	Federal Elec 999 E Street, NW,	ormation contact: tion Commission Washington, DC 20463 530, Local 202-694-1100	



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.



Image# 202204209500105346 PAGE 2 / 2

## 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

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NAME OF COMMITTEE IN FULL			1	
Beatty for Congress				
ADDRESS (number and street) PO Box 172			1	
CITY CTATE and ZID CODE			1	
CITY, STATE, and ZIP CODE Columbus		OH 43216	continuation	on page
2. NAME OF CANDIDATE		3. OFFICE SOUGHT (State and District)	4. FEC IDENTIFICATION NUMBER	
Beatty, Joyce, , ,		House OH 03	C00507368	
		110000	000007000	
5. ISTHIS AN AMENDMENT? X NO, THIS IS A NEW	W FILING	YES, IT AMENDS THE NOTICE FILED ON	/	/
A. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month,	Amount
UNITEDHEALTH GROUP INCORPORAT (UNITEDHEALTH GROUP PAC)	ED PAC		day, year) 04/18/2022	4000.00
701 Pennsylvania Ave NW			- 11 - 12 - 12 - 12 - 12 - 12 - 12 - 1	
Ste 200		Transaction ID: 4513259		
Washington	DC 20004-3610	Occupation		
	DC 2000+3010		D 1 ( 11	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month, day, year)	Amount
Vitale, Angelo, V, ,		Quicken Loans		
15962 Augusto Ct			04/19/2022	2900.00
15863 Augusta Ct		Transaction ID: 4522893		
		Occupation 7522033	-	
Northville	MI 48168-8622	Executive VP/General Counsel		
C. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month,	Amount
			day, year)	
		Occupation		
D. FULL MANE MANUNC ADDRESS AND TIP CODE		N (5 )	Date (month,	Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	day, year)	Amount
		Occupation	+	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month,	Amount
			day, year)	
			_	
		Occupation		