

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 MO BROOKS FOR SENATE				
ADDRESS (number and street) 7610 FOXFIRE DR.				
CITY HUNTSVILLE		STATE AL		ZIP CODE 35802
2. NAME OF CANDIDATE BROOKS, MO, , ,			3. OFFICE SOUGHT (State and District) Senate AL	
4. FEC IDENTIFICATION NUMBER C00464149				
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____				
A. FULL NAME SOWELL, JOHN, , ,				
MAILING ADDRESS 5703 MACON DR SE			Name of Employer DERMATOLOGY ASSOCIATES	
CITY HUNTSVILLE			Date (month, day, year) 06/11/2022	
STATE AL			Amount 1000.00	
ZIP CODE 35802-1860			Transaction ID : 603A523B8F1FB495F	
Occupation PHYSICIAN				
B. FULL NAME FROST, EDWIN, , ,				
MAILING ADDRESS PO BOX 2567			Name of Employer SELF EMPLOYED	
CITY NEWNAN			Date (month, day, year) 06/11/2022	
STATE GA			Amount 1900.00	
ZIP CODE 30264-2567			Transaction ID : 60441D02FE0F848AC	
Occupation FINANCIAL SERVICES				
C. FULL NAME FROST, EDWIN, , ,				
MAILING ADDRESS PO BOX 2567			Name of Employer SELF EMPLOYED	
CITY NEWNAN			Date (month, day, year) 06/11/2022	
STATE GA			Amount 1000.00	
ZIP CODE 30264-2567			Transaction ID : 67DB30DBDEDB84C	
Occupation FINANCIAL SERVICES				
D. FULL NAME 				
MAILING ADDRESS 			Name of Employer 	
CITY 			Date (month, day, year) 	
STATE 			Amount 	
ZIP CODE 			Transaction ID 	
Occupation 				
E. FULL NAME 				
MAILING ADDRESS 			Name of Employer 	
CITY 			Date (month, day, year) 	
STATE 			Amount 	
ZIP CODE 			Transaction ID 	
Occupation 				
SIGNATURE (optional) BROOKS, MARTHA, , ,				DATE 06/13/2022
[Electronically Filed]				For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100

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FEC FORM 6
(Revised 03/2016)