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
BRITT FOR ALABAMA, INC

ADDRESS (number and street) PO BOX 3759

CITY	STATE	ZIP CODE
MONTGOMERY	AL	36109-0759

2. NAME OF CANDIDATE
BRITT, KATIE, B, ,

3. OFFICE SOUGHT (State and District)
Senate AL

4. FEC IDENTIFICATION NUMBER
C00781443

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

A. FULL NAME / MAILING ADDRESS / CITY / STATE / ZIP CODE	Name of Employer / Occupation	Date (month, day, year)	Amount
NORRIS, DAVID, , , 631 WEBER DRIVE STURGIS / SD / 57785-2016	RETIRED Transaction ID : 6811CEB6E11BE4BC RETIRED	11/01/2022	1000.00
B. FULL NAME KAPLAN, JOEL, , , 3809 LELAND ST CHEVY CHASE / MD / 20815-4901	Name of Employer META PLATFROMS, INC. Transaction ID : 6EE55D02C165A4A1 Occupation VP GLOBAL PUBLIC POLICY	Date (month, day, year) 11/01/2022	Amount 2900.00
C. FULL NAME WINKLEVOSS, TYLER, , , 30 WEST 24TH STREET NEW YORK / NY / 10010-3207	Name of Employer WINKLEVOSS CAPITAL MANAGEMENT Transaction ID : 60B3B48F3ACFE44C Occupation INVESTOR	Date (month, day, year) 11/01/2022	Amount 2900.00
D. FULL NAME WINKLEVOSS, CAMERON, , , 30 W 24TH ST NEW YORK / NY / 10010-3207	Name of Employer WINKLEVOSS CAPITAL MANAGEMENT, LLC Transaction ID : 6B8C8006951A044F8 Occupation INVESTOR	Date (month, day, year) 11/01/2022	Amount 2900.00
E. FULL NAME CARDIN, TOMMIE, S., , 176 GREEN GLADES RIDGELAND / MS / 39157-8662	Name of Employer BUTLER SNOW LLP Transaction ID : 6C995E812B59D41F9 Occupation ATTORNEY	Date (month, day, year) 11/01/2022	Amount 1000.00

SIGNATURE (optional)
NEWMAN, J., , ,

[Electronically Filed]

DATE
11/02/2022

For further information contact:
Federal Election Commission
999 E Street, NW, Washington, DC 20463
Toll Free 800-424-9530, Local 202-694-1100

FEC FORM 6
(Revised 03/2016)

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer / Occupation	Date (month, day, year)	Amount
RAYMOND, DAN, , , 45 BRIAR HILL ROAD AVON CT 06001-4007	RETIRED Transaction ID : 6D764659DE33D410CB5C Occupation: RETIRED	11/01/2022	1005.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer / Occupation	Date (month, day, year)	Amount
MANLEY, SHERRY, , , 1012 WESTCHESTER ST GUNTERSVILLE AL 35976-8699	GUNTERSVILLE CITY SCHOOLS Transaction ID : 6739F6900DAE64D9A961 Occupation: CENTRAL OFFICE MANAGER	11/02/2022	1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer / Occupation	Date (month, day, year)	Amount
TOWN, JOHN, E., MR., 2705 CHANDLER CIR SE HUNTSVILLE AL 35801-1487	GRAY ANALYTICS Transaction ID : 6EE0197A5AC734D0086F Occupation: ATTORNEY	11/02/2022	1000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer / Occupation	Date (month, day, year)	Amount
NEW YORK LIFE INSURANCE PAC 51 MADISON AVENUE ROOM 1109 NEW YORK NY 10010-1603	Transaction ID : 660607D7DC9164540850 Occupation:	11/02/2022	2500.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer / Occupation	Date (month, day, year)	Amount
SELF-INSURANCE INSTITUTE OF AMERICA, INC. PAC 20 F STREET, NW SUITE 700 WASHINGTON DC 20001-6705	Transaction ID : 6E2C6AAE544094B8E9E4 Occupation:	11/02/2022	2000.00

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BRITT, KATIE, B, ,	Senate AL	C00781443

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer / Occupation	Date (month, day, year)	Amount
MICROSOFT CORPORATION STAKEHOLDERS VOLUNTARY PAC 1 MICROSOFT WAY REDMOND WA 98052-8300	**Transaction ID : 61EAD5A66FE184B9F84C**	11/02/2022	5000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer / Occupation	Date (month, day, year)	Amount
HDR, INC. EMPLOYEE OWNERS PAC 1917 S 67TH STREET OMAHA NE 68106-2973	**Transaction ID : 68046AA6E65F64B56A63**	11/02/2022	4000.00
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