

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 Morrison for Congress				
ADDRESS (number and street) PO Box 684				
CITY Wayzata	STATE MN	ZIP CODE 55391		
2. NAME OF CANDIDATE Morrison, Kelly, Louise, ,		3. OFFICE SOUGHT (State and District) House MN 03		4. FEC IDENTIFICATION NUMBER C00856062
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____				
A. FULL NAME Baylor, Timothy, , ,		Name of Employer Not Employed		Date (month, day, year) 08/02/2026
MAILING ADDRESS 2305 River Pointe Cir		Transaction ID : 11765242		Amount 1000.00
CITY Minneapolis	STATE MN	ZIP CODE 55411-4279	Occupation Not Employed	
B. FULL NAME Hale, Roger, , ,		Name of Employer Not Employed		Date (month, day, year) 08/02/2026
MAILING ADDRESS 117 Portland Ave Apt 501		Transaction ID : 11765247		Amount 3075.00
CITY Minneapolis	STATE MN	ZIP CODE 55401-2583	Occupation Not Employed	
C. FULL NAME Hale, Roger, , ,		Name of Employer Not Employed		Date (month, day, year) 08/02/2026
MAILING ADDRESS 117 Portland Ave Apt 501		Transaction ID : 11765248		Amount 5000.00
CITY Minneapolis	STATE MN	ZIP CODE 55401-2583	Occupation Not Employed	
D. FULL NAME Hale, Roger, , ,		Name of Employer Not Employed		Date (month, day, year) 08/02/2026
MAILING ADDRESS 117 Portland Ave Apt 501		Transaction ID : 11772156		Amount 1925.00
CITY Minneapolis	STATE MN	ZIP CODE 55401-2583	Occupation Not Employed	
E. FULL NAME Hall Scarpa, Lili, , ,		Name of Employer Knock		Date (month, day, year) 08/02/2026
MAILING ADDRESS 7330 Ocean Ter Apt 2201		Transaction ID : 11765243		Amount 1000.00
CITY Miami Beach	STATE FL	ZIP CODE 33141-7004	Occupation Professional	
SIGNATURE (optional) Moore, Tracie, , ,			DATE 08/04/2026	For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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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)

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
Jarosh, Rachael, , , 330 S Ocean Blvd Apt 4D Palm Beach FL 33480-4273	Rachael Jarosh Transaction ID : 11765244 Occupation Self Employed	08/02/2026	2500.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Opperman, Darin, Beth, , 14771 Summer Oaks Dr Wayzata MN 55391-2230	Name of Employer Self Employed Transaction ID : 11765240 Occupation Consultant	08/02/2026	1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Redmond, Lawrence, , , 1920 S 1st St Apt 2203 Minneapolis MN 55454-1277	Name of Employer Redmond Associates Inc. Transaction ID : 11765241 Occupation Consutant	08/02/2026	1000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Riley, Patricia, Ann, , 382 Bovey Rd Wayzata MN 55391-9607	Name of Employer Not Employed Transaction ID : 11765246 Occupation Not Employed	08/02/2026	3500.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Riley, Patricia, Ann, , 382 Bovey Rd Wayzata MN 55391-9607	Name of Employer Not Employed Transaction ID : 11772148 Occupation Not Employed	08/02/2026	1500.00

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continuation page			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE Riley, Peter, , , 382 Bovey Rd Wayzata MN 55391-9607		Name of Employer Schwebel Goetz And Sieben Transaction ID : 11765245 Occupation Attorney Date (month, day, year) 08/02/2026 Amount 2500.00	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Riley, Peter, , , 382 Bovey Rd Wayzata MN 55391-9607		Name of Employer Schwebel Goetz And Sieben Transaction ID : 11772151 Occupation Attorney Date (month, day, year) 08/02/2026 Amount 2500.00	
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	