

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 TOM O'HALLERAN FOR CONGRESS			
ADDRESS (number and street) PO BOX 63992			
CITY PHOENIX	STATE AZ	ZIP CODE 85082	
2. NAME OF CANDIDATE O'HALLERAN, TOM, , ,		3. OFFICE SOUGHT (State and District) House AZ 02	
4. FEC IDENTIFICATION NUMBER C00582890			
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			

A. FULL NAME CONRAD, VICTORIA, , ,	Name of Employer N/A	Date (month, day, year) 10/31/2022	Amount 1700.00
MAILING ADDRESS 8270 N Coconino Rd	Transaction ID : WFT2022102195-1		
CITY Paradise Valley	STATE AZ	ZIP CODE 85253	Occupation NOT EMPLOYED
B. FULL NAME ATN International Inc PAC	Name of Employer	Date (month, day, year) 10/31/2022	Amount 1000.00
MAILING ADDRESS 500 Cummings Center	Transaction ID : WFT2022102198-1		
CITY Beverly	STATE MA	ZIP CODE 01915	Occupation
C. FULL NAME Cohen for Congress	Name of Employer	Date (month, day, year) 10/31/2022	Amount 1000.00
MAILING ADDRESS 349 Kenilworth Pl	Transaction ID : WFT20221021910-1		
CITY Memphis	STATE TN	ZIP CODE 38122	Occupation
D. FULL NAME Committee for a Democratic Future	Name of Employer	Date (month, day, year) 10/31/2022	Amount 1000.00
MAILING ADDRESS 7014 Capitol View Drive	Transaction ID : WFT20221021911-1		
CITY McLean	STATE VA	ZIP CODE 22101	Occupation
E. FULL NAME Democrats Win Seats (DWS PAC)	Name of Employer	Date (month, day, year) 10/31/2022	Amount 2500.00
MAILING ADDRESS PO Box 83142	Transaction ID : WFT20221021912-1		
CITY Gaithersburg	STATE MD	ZIP CODE 20333	Occupation
SIGNATURE (optional) PRATT, CHRISTOPHER, , ,		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
<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)

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE Doing Right - Results Action Unity Leadership PAC PO Box 3433 Palm Desert CA 92261				Name of Employer Date (month, day, year) 10/31/2022 Amount 1000.00 Transaction ID : WFT20221021913-1 Occupation	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE NEA Fund for Children and Pub Educ (NEA Fund) 1201 16th St NW Ste 418 Washington DC 20036				Name of Employer Date (month, day, year) 10/31/2022 Amount 5000.00 Transaction ID : WFT20221021914-1 Occupation	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Online Lenders Alliance PAC (OLA PAC) PO Box 15480 SE Station Washington DC 20003				Name of Employer Date (month, day, year) 10/31/2022 Amount 1500.00 Transaction ID : WFT20221021915-1 Occupation	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Planned Parenthood Action Fund Inc PAC 123 William St Fl 10 New York NY 10038				Name of Employer Date (month, day, year) 10/31/2022 Amount 2500.00 Transaction ID : WFT20221021916-1 Occupation	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Serving our Country SOC PAC 226 E Canon Perdido St Ste D Santa Barbara CA 93101				Name of Employer Date (month, day, year) 10/31/2022 Amount 1000.00 Transaction ID : WFT20221021917-1 Occupation	

continuation page

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE The Chickasaw Nation 2020 Lonnie Abbott Blvd Ada OK 74820		Name of Employer Transaction ID : WFT20221021918-1 Occupation	Date (month, day, year) 10/31/2022 Amount 2900.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Everytown for Gun Safety AF Inc. PAC PO Box 4184 New York NY 10163		Name of Employer Transaction ID : WFT20221021924-1 Occupation	Date (month, day, year) 10/31/2022 Amount 1000.00
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