

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 McKinley for Congress			
ADDRESS (number and street) PO Box 642			
CITY Morgantown	STATE WV	ZIP CODE 26507	
2. NAME OF CANDIDATE McKinley, David, B., ,		3. OFFICE SOUGHT (State and District) House WV 01	
4. FEC IDENTIFICATION NUMBER C00473132			
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			

A. FULL NAME NEXTERA ENERGY, INC. PAC MAILING ADDRESS 700 UNIVERSE BLVD <table style="width: 100%;"> <tr> <td style="width: 33%;">CITY JUNO BEACH</td> <td style="width: 17%;">STATE FL</td> <td style="width: 50%;">ZIP CODE 33408-2657</td> </tr> </table>	CITY JUNO BEACH	STATE FL	ZIP CODE 33408-2657	Name of Employer Transaction ID : TX20559 Occupation	Date (month, day, year) 04/29/2022	Amount 2500.00
CITY JUNO BEACH	STATE FL	ZIP CODE 33408-2657				
B. FULL NAME VOLUNTEERS FOR SHIMKUS MAILING ADDRESS 5 STONEHILL CT <table style="width: 100%;"> <tr> <td style="width: 33%;">CITY EDWARDSVILLE</td> <td style="width: 17%;">STATE IL</td> <td style="width: 50%;">ZIP CODE 62025-6764</td> </tr> </table>	CITY EDWARDSVILLE	STATE IL	ZIP CODE 62025-6764	Name of Employer Transaction ID : TX20560 Occupation	Date (month, day, year) 04/29/2022	Amount 1000.00
CITY EDWARDSVILLE	STATE IL	ZIP CODE 62025-6764				
C. FULL NAME INNOVATION POLITICAL ACTION COMMITTEE MAILING ADDRESS 228 S WASHINGTON ST STE 115 <table style="width: 100%;"> <tr> <td style="width: 33%;">CITY ALEXANDRIA</td> <td style="width: 17%;">STATE VA</td> <td style="width: 50%;">ZIP CODE 22314-5404</td> </tr> </table>	CITY ALEXANDRIA	STATE VA	ZIP CODE 22314-5404	Name of Employer Transaction ID : TX20561 Occupation	Date (month, day, year) 04/29/2022	Amount 1500.00
CITY ALEXANDRIA	STATE VA	ZIP CODE 22314-5404				
D. FULL NAME UNITED STATES CELLULAR CORPORATION POLITICAL ACTION COMMITTEE MAILING ADDRESS 8410 W. BRYN MAWR <table style="width: 100%;"> <tr> <td style="width: 33%;">CITY CHICAGO</td> <td style="width: 17%;">STATE IL</td> <td style="width: 50%;">ZIP CODE 60631-3408</td> </tr> </table>	CITY CHICAGO	STATE IL	ZIP CODE 60631-3408	Name of Employer Transaction ID : TX20562 Occupation	Date (month, day, year) 04/29/2022	Amount 2500.00
CITY CHICAGO	STATE IL	ZIP CODE 60631-3408				
E. FULL NAME JONES, WILBUR, S., MR., JR. MAILING ADDRESS 162 CABIN RD <table style="width: 100%;"> <tr> <td style="width: 33%;">CITY WHEELING</td> <td style="width: 17%;">STATE WV</td> <td style="width: 50%;">ZIP CODE 26003-1642</td> </tr> </table>	CITY WHEELING	STATE WV	ZIP CODE 26003-1642	Name of Employer NONE Transaction ID : TX20557 Occupation RETIRED	Date (month, day, year) 04/29/2022	Amount 2000.00
CITY WHEELING	STATE WV	ZIP CODE 26003-1642				
SIGNATURE (optional) Stone, Samuel, , , [Electronically Filed]		DATE 04/30/2022	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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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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5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE KAISER, CHARLES, J., MR., JR. P.O. BOX 28 WHEELING WV 26003-0003			
Name of Employer PHILLYIS, GORDILL & KAISER Transaction ID : TX20558 Occupation ATTORNEY		Date (month, day, year) 04/29/2022 Amount 1000.00	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE MANOCHERIAN, GREG, , MR., 46 WESTCHESTER AVENUE POUND RIDGE NY 10576-			
Name of Employer SELF EMPLOYED Transaction ID : TX20564 Occupation REAL ESTATE		Date (month, day, year) 04/29/2022 Amount 2900.00	
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	