

# 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<br><b>Heather Mizeur for Congress</b>                                                                                                      |  |             |                                                                                                                                                         |                   |
| ADDRESS (number and street) PO BOX 786                                                                                                                                  |  |             |                                                                                                                                                         |                   |
| CITY<br>Chestertown                                                                                                                                                     |  | STATE<br>MD |                                                                                                                                                         | ZIP CODE<br>21620 |
| 2. NAME OF CANDIDATE<br>Mizeur, Heather, R, ,                                                                                                                           |  |             | 3. OFFICE SOUGHT (State and District)<br>House MD 01                                                                                                    |                   |
| 4. FEC IDENTIFICATION NUMBER<br>C00767657                                                                                                                               |  |             |                                                                                                                                                         |                   |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |  |             |                                                                                                                                                         |                   |
| A. FULL NAME<br><b>Curtis, Debra, , ,</b>                                                                                                                               |  |             | Name of Employer<br>McDermott+Consulting                                                                                                                |                   |
| MAILING ADDRESS<br>314 5Th St SE                                                                                                                                        |  |             | Date (month, day, year)<br>07/05/2022                                                                                                                   |                   |
| CITY<br>Washington                                                                                                                                                      |  |             | Amount<br>1000.00                                                                                                                                       |                   |
| STATE<br>DC                                                                                                                                                             |  |             | Transaction ID : 7168678                                                                                                                                |                   |
| ZIP CODE<br>20003-2048                                                                                                                                                  |  |             | Occupation<br>Consultant/Lobbyist                                                                                                                       |                   |
| B. FULL NAME<br><b>Greer, Sharra, , ,</b>                                                                                                                               |  |             | Name of Employer<br>Children's Law Center                                                                                                               |                   |
| MAILING ADDRESS<br>1323 Riggs St NW                                                                                                                                     |  |             | Date (month, day, year)<br>07/05/2022                                                                                                                   |                   |
| CITY<br>Washington                                                                                                                                                      |  |             | Amount<br>1000.00                                                                                                                                       |                   |
| STATE<br>DC                                                                                                                                                             |  |             | Transaction ID : 7168683                                                                                                                                |                   |
| ZIP CODE<br>20009-4324                                                                                                                                                  |  |             | Occupation<br>Attorney                                                                                                                                  |                   |
| C. FULL NAME<br><b>Stone, Martin, , ,</b>                                                                                                                               |  |             | Name of Employer<br>Stones' Phones                                                                                                                      |                   |
| MAILING ADDRESS<br>4304 37Th St NW                                                                                                                                      |  |             | Date (month, day, year)<br>07/05/2022                                                                                                                   |                   |
| CITY<br>Washington                                                                                                                                                      |  |             | Amount<br>1000.00                                                                                                                                       |                   |
| STATE<br>DC                                                                                                                                                             |  |             | Transaction ID : 7168685                                                                                                                                |                   |
| ZIP CODE<br>20008-3133                                                                                                                                                  |  |             | Occupation<br>Partner                                                                                                                                   |                   |
| D. FULL NAME                                                                                                                                                            |  |             | Name of Employer                                                                                                                                        |                   |
| MAILING ADDRESS                                                                                                                                                         |  |             | Date (month, day, year)                                                                                                                                 |                   |
| CITY                                                                                                                                                                    |  |             | Amount                                                                                                                                                  |                   |
| STATE                                                                                                                                                                   |  |             | Transaction ID                                                                                                                                          |                   |
| ZIP CODE                                                                                                                                                                |  |             | Occupation                                                                                                                                              |                   |
| E. FULL NAME                                                                                                                                                            |  |             | Name of Employer                                                                                                                                        |                   |
| MAILING ADDRESS                                                                                                                                                         |  |             | Date (month, day, year)                                                                                                                                 |                   |
| CITY                                                                                                                                                                    |  |             | Amount                                                                                                                                                  |                   |
| STATE                                                                                                                                                                   |  |             | Transaction ID                                                                                                                                          |                   |
| ZIP CODE                                                                                                                                                                |  |             | Occupation                                                                                                                                              |                   |
| SIGNATURE (optional)<br>KYRIACOPOULOS, JANICA, , ,                                                                                                                      |  |             | DATE<br>07/06/2022                                                                                                                                      |                   |
| [Electronically Filed]                                                                                                                                                  |  |             | For further information contact:<br>Federal Election Commission<br>999 E Street, NW, Washington, DC 20463<br>Toll Free 800-424-9530, Local 202-694-1100 |                   |

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**FEC FORM 6**  
(Revised 03/2016)