

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 _____ / _____ / _____																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> A. FULL NAME McCloskey, Sean, , , </td> <td> Name of Employer Self </td> <td> Date (month, day, year) 10/23/2022 </td> <td> Amount 1000.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 620 Righters Ferry Road </td> <td colspan="2"> Transaction ID : WFT20229251846-1 </td> </tr> <tr> <td> CITY Bala Cynwyd </td> <td> STATE PA </td> <td> ZIP CODE 19004 </td> <td colspan="2"> Occupation Developer </td> </tr> </table>					A. FULL NAME McCloskey, Sean, , ,			Name of Employer Self	Date (month, day, year) 10/23/2022	Amount 1000.00	MAILING ADDRESS 620 Righters Ferry Road			Transaction ID : WFT20229251846-1		CITY Bala Cynwyd	STATE PA	ZIP CODE 19004	Occupation Developer	
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SIGNATURE (optional) PRATT, CHRISTOPHER, , ,			DATE 10/25/2022		For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100															
[Electronically Filed]																				

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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)