

# 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.

|                                                                                                                                                                                |                    |                                                             |  |                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------|--|--------------------------------------------------|
| <b>1. NAME OF COMMITTEE IN FULL</b><br><b>BLAINE FOR CONGRESS</b>                                                                                                              |                    |                                                             |  |                                                  |
| <b>ADDRESS</b> (number and street) PO BOX 98                                                                                                                                   |                    |                                                             |  |                                                  |
| <b>CITY</b><br>St. Elizabeth                                                                                                                                                   | <b>STATE</b><br>MO | <b>ZIP CODE</b><br>65075                                    |  |                                                  |
| <b>2. NAME OF CANDIDATE</b><br>LUETKEMEYER, W BLAINE, , ,                                                                                                                      |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House MO 03 |  | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00458679 |
| <b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |                    |                                                             |  |                                                  |

  

|                                                                                                    |                    |                               |                                           |                                                                                                                                                                |                   |
|----------------------------------------------------------------------------------------------------|--------------------|-------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <b>A. FULL NAME</b><br>Christensen, Mary Ann, , ,                                                  |                    |                               | Name of Employer<br>Triumph Foods         | Date (month, day, year)<br>10/22/2022                                                                                                                          | Amount<br>1000.00 |
| <b>MAILING ADDRESS</b><br>23077 223 Rd. Avenue                                                     |                    |                               | <b>Transaction ID : 68821AD06761941A8</b> |                                                                                                                                                                |                   |
| <b>CITY</b><br>Sleepy Eye                                                                          | <b>STATE</b><br>NE | <b>ZIP CODE</b><br>58085      | Occupation<br>Owner                       |                                                                                                                                                                |                   |
| <b>B. FULL NAME</b><br>National Association Of Professional Employer Organizations PAC (Napeo Pac) |                    |                               | Name of Employer                          | Date (month, day, year)<br>10/22/2022                                                                                                                          | Amount<br>2500.00 |
| <b>MAILING ADDRESS</b><br>707 N Saint Asaph St                                                     |                    |                               | <b>Transaction ID : 69D830FF37D8745C5</b> |                                                                                                                                                                |                   |
| <b>CITY</b><br>Alexandria                                                                          | <b>STATE</b><br>VA | <b>ZIP CODE</b><br>22314-1911 | Occupation                                |                                                                                                                                                                |                   |
| <b>C. FULL NAME</b>                                                                                |                    |                               | Name of Employer                          | Date (month, day, year)                                                                                                                                        | Amount            |
| <b>MAILING ADDRESS</b>                                                                             |                    |                               |                                           |                                                                                                                                                                |                   |
| <b>CITY</b>                                                                                        | <b>STATE</b>       | <b>ZIP CODE</b>               | Occupation                                |                                                                                                                                                                |                   |
| <b>D. FULL NAME</b>                                                                                |                    |                               | Name of Employer                          | Date (month, day, year)                                                                                                                                        | Amount            |
| <b>MAILING ADDRESS</b>                                                                             |                    |                               |                                           |                                                                                                                                                                |                   |
| <b>CITY</b>                                                                                        | <b>STATE</b>       | <b>ZIP CODE</b>               | Occupation                                |                                                                                                                                                                |                   |
| <b>E. FULL NAME</b>                                                                                |                    |                               | Name of Employer                          | Date (month, day, year)                                                                                                                                        | Amount            |
| <b>MAILING ADDRESS</b>                                                                             |                    |                               |                                           |                                                                                                                                                                |                   |
| <b>CITY</b>                                                                                        | <b>STATE</b>       | <b>ZIP CODE</b>               | Occupation                                |                                                                                                                                                                |                   |
| <b>SIGNATURE (optional)</b><br>Luetkemeyer, Trevor, , ,                                            |                    |                               | <b>DATE</b><br>10/24/2022                 | <b>For further information contact:</b><br>Federal Election Commission<br>999 E Street, NW, Washington, DC 20463<br>Toll Free 800-424-9530, Local 202-694-1100 |                   |
| <b>[Electronically Filed]</b>                                                                      |                    |                               |                                           |                                                                                                                                                                |                   |

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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)