

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 Schmitt for Senate			
ADDRESS (number and street) 101 W ARGONNE DR, #24			
CITY SAINT LOUIS	STATE MO	ZIP CODE 63122	
2. NAME OF CANDIDATE SCHMITT, ERIC, , ,		3. OFFICE SOUGHT (State and District) Senate MO	
		4. FEC IDENTIFICATION NUMBER C00775015	
5. IS THIS AN AMENDMENT? ☐ NO, THIS IS A NEW FILING ☒ YES, IT AMENDS THE NOTICE FILED ON 10 / 26 / 2022			

A. FULL NAME AMERICAN SOCIETY OF ANESTHESIOLOGISTS PAC			Name of Employer	Date (month, day, year) 10/25/2022	Amount 5000.00
MAILING ADDRESS 1061 AMERICAN LN			Transaction ID : TX37188		
CITY SCHAUMBURG	STATE IL	ZIP CODE 60173-4973	Occupation		
B. FULL NAME NATIONAL BEER WHOLESALERS ASSOCIATION PAC			Name of Employer	Date (month, day, year) 10/25/2022	Amount 2500.00
MAILING ADDRESS 1101 KING ST STE 600			Transaction ID : TX37189		
CITY ALEXANDRIA	STATE VA	ZIP CODE 22314-2965	Occupation		
C. FULL NAME NAGR PAC			Name of Employer	Date (month, day, year) 10/25/2022	Amount 5000.00
MAILING ADDRESS 2300 W EISENHOWER			Transaction ID : TX37190		
CITY LOVELAND	STATE CO	ZIP CODE 80537-3150	Occupation		
D. FULL NAME NATIONAL PROPANE GAS ASSOCIATION PAC			Name of Employer	Date (month, day, year) 10/25/2022	Amount 3000.00
MAILING ADDRESS 1140 CONNECTICUT AVENUE, NW, SUITE			Transaction ID : TX39181		
CITY WASHINGTON	STATE DC	ZIP CODE 20036-4001	Occupation		
E. FULL NAME CHAMBERLIN, ROBERT, , ,			Name of Employer ELEVATE GA	Date (month, day, year) 10/25/2022	Amount 1000.00
MAILING ADDRESS 4951 ROCKWOOD PKWY NW			Transaction ID : TX39218		
CITY WASHINGTON	STATE DC	ZIP CODE 20016-3247	Occupation CONSULTANT		
SIGNATURE (optional) PHILLIPS, ROBERT, , III			DATE 10/26/2022	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)

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ADDRESS (number and street) 101 W ARGONNE DR, #24			
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A. FULL NAME, MAILING ADDRESS AND ZIP CODE DANIELS, GERALD, , , 1228 WINDSOR HARBOR DR JACKSONVILLE FL 32225-2651		Name of Employer ABN Transaction ID : TX37193 Occupation EXECUTIVE	Date (month, day, year) 10/25/2022 Amount 2000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE FERGUSON, JAMES, P., , 3045 S THORNBRIDGE DR SPRINGFIELD MO 65809-4015		Name of Employer HEART OF AMERICA BEVERAGE CO. Transaction ID : TX37194 Occupation BEER WHOLESALER	Date (month, day, year) 10/25/2022 Amount 2000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE FOWLER, LINDA, , , 4031 S EAGLESCLIFFE DR SPRINGFIELD MO 65809-		Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Transaction ID : TX39247 Occupation INFORMATION REQUESTED PER BI	Date (month, day, year) 10/25/2022 Amount 2900.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE FOWLER, W., THOMAS, , JR. 4031 S EAGLESCLIFFE DR SPRINGFIELD MO 65809-		Name of Employer RETIRED Transaction ID : TX39248 Occupation RETIRED	Date (month, day, year) 10/25/2022 Amount 2900.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE KORPAL, TERRENCE, , , 450 REDWOOD FOREST DR, BALLWIN MO 63021-5756		Name of Employer RETIRED Transaction ID : TX39235 Occupation RETIRED	Date (month, day, year) 10/25/2022 Amount 2000.00

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10 / 26 / 2022			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE SCISM, KENT, , , P.O. BOX 434 PARK HILLS MO 63601-0434	Name of Employer RETIRED Transaction ID : TX39220 Occupation RETIRED	Date (month, day, year) 10/25/2022	Amount 2900.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
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