

# 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>FRIENDS FOR KATHY BARNETTE</b>                                                                                                       |  |                    |                                                             |                               |
| <b>ADDRESS</b> (number and street) PO BOX 659                                                                                                                                  |  |                    |                                                             |                               |
| <b>CITY</b><br>HUNTINGDON VALLEY                                                                                                                                               |  | <b>STATE</b><br>PA |                                                             | <b>ZIP CODE</b><br>19006-0659 |
| <b>2. NAME OF CANDIDATE</b><br>BARNETTE, KATHY, , ,                                                                                                                            |  |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House PA 04 |                               |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00734731                                                                                                                               |  |                    |                                                             |                               |
| <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><b>LAM, DAVID, , ,</b>         |                    |                               | <b>Name of Employer</b><br>INFORMATION REQUESTED |                           | <b>Date (month, day, year)</b><br>04/28/2022                                                                                                                   | <b>Amount</b><br>1000.00 |
| <b>MAILING ADDRESS</b><br>9604 EDEN HALL LN           |                    |                               | <b>Transaction ID : 6870F1CF850E544ED</b>        |                           |                                                                                                                                                                |                          |
| <b>CITY</b><br>PHILADELPHIA                           | <b>STATE</b><br>PA | <b>ZIP CODE</b><br>19114-3075 | <b>Occupation</b><br>INFORMATION REQUESTED       |                           |                                                                                                                                                                |                          |
| <b>B. FULL NAME</b><br><b>VOLPE, CHARLES, , ,</b>     |                    |                               | <b>Name of Employer</b><br>INFORMATION REQUESTED |                           | <b>Date (month, day, year)</b><br>04/28/2022                                                                                                                   | <b>Amount</b><br>1000.00 |
| <b>MAILING ADDRESS</b><br>336 OAKFORD RD              |                    |                               | <b>Transaction ID : 6FC32A2E58B094677</b>        |                           |                                                                                                                                                                |                          |
| <b>CITY</b><br>WAVERLY TOWNSHIP                       | <b>STATE</b><br>PA | <b>ZIP CODE</b><br>18411-9275 | <b>Occupation</b><br>INFORMATION REQUESTED       |                           |                                                                                                                                                                |                          |
| <b>C. FULL NAME</b><br><b>CAO, YINGFAN, , ,</b>       |                    |                               | <b>Name of Employer</b><br>INFORMATION REQUESTED |                           | <b>Date (month, day, year)</b><br>04/28/2022                                                                                                                   | <b>Amount</b><br>1000.00 |
| <b>MAILING ADDRESS</b><br>842 CONESTOGA RD            |                    |                               | <b>Transaction ID : 6DFCBEAEE56934B9</b>         |                           |                                                                                                                                                                |                          |
| <b>CITY</b><br>BRYN MAWR                              | <b>STATE</b><br>PA | <b>ZIP CODE</b><br>19010-1342 | <b>Occupation</b><br>INFORMATION REQUESTED       |                           |                                                                                                                                                                |                          |
| <b>D. FULL NAME</b><br><b>KING, MARY, SUSAN, MS.,</b> |                    |                               | <b>Name of Employer</b><br>RETIRED               |                           | <b>Date (month, day, year)</b><br>04/28/2022                                                                                                                   | <b>Amount</b><br>2900.00 |
| <b>MAILING ADDRESS</b><br>100 SAND BUNKER CT          |                    |                               | <b>Transaction ID : 66D8985187AA44350</b>        |                           |                                                                                                                                                                |                          |
| <b>CITY</b><br>FRONT ROYAL                            | <b>STATE</b><br>VA | <b>ZIP CODE</b><br>22630-6979 | <b>Occupation</b><br>RETIRED                     |                           |                                                                                                                                                                |                          |
| <b>E. FULL NAME</b><br><b>LAM, DAVID, , ,</b>         |                    |                               | <b>Name of Employer</b><br>INFORMATION REQUESTED |                           | <b>Date (month, day, year)</b><br>04/28/2022                                                                                                                   | <b>Amount</b><br>1000.00 |
| <b>MAILING ADDRESS</b><br>9604 EDEN HALL LN           |                    |                               | <b>Transaction ID : 6829D46255C114A2A</b>        |                           |                                                                                                                                                                |                          |
| <b>CITY</b><br>PHILADELPHIA                           | <b>STATE</b><br>PA | <b>ZIP CODE</b><br>19114-3075 | <b>Occupation</b><br>INFORMATION REQUESTED       |                           |                                                                                                                                                                |                          |
| <b>SIGNATURE (optional)</b><br>HANKINS, BRENDA, , ,   |                    |                               |                                                  | <b>DATE</b><br>04/30/2022 | <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>                         |                    |                               |                                                  |                           |                                                                                                                                                                |                          |

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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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------|--|
| <b>1. NAME OF COMMITTEE IN FULL</b><br><b>FRIENDS FOR KATHY BARNETTE</b>                                                                                                    |  |                                                             |  |
| <b>ADDRESS</b> (number and street) PO BOX 659                                                                                                                               |  |                                                             |  |
| <b>CITY, STATE, and ZIP CODE</b><br>HUNTINGDON VALLEY PA 19006-0659                                                                                                         |  |                                                             |  |
| <b>2. NAME OF CANDIDATE</b><br>BARNETTE, KATHY, , ,                                                                                                                         |  | <b>3. OFFICE SOUGHT</b> (State and District)<br>House PA 04 |  |
|                                                                                                                                                                             |  | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00734731            |  |
| <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 ____ / ____ / ____ |  |                                                             |  |

  

| A. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                               | Name of Employer<br>INFORMATION REQUESTED                                          | Date (month,<br>day, year) | Amount  |
|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------|---------|
| YANG, LI, M, ,<br><br>3390 KNIGHTS RD<br><br>BENSALEM PA 19020-2819                                                      | <b>Transaction ID : 604CEFBDC5EEA4CB8A4</b><br>Occupation<br>INFORMATION REQUESTED | 04/28/2022                 | 1000.00 |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>FOSTER, DON, , ,<br><br>1427 SOUTH HOWARD ST.<br><br>PHILADELPHIA PA 19147 | <b>Transaction ID : 608EEB88BEE684D48982</b><br>Occupation<br>ATTORNEY             | 04/28/2022                 | 1000.00 |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>LAUTER, ROBERT, , ,<br><br>757 BINNACLE DR<br><br>NAPLES FL 34103          | <b>Transaction ID : 649E56F3B800B4860A4B</b><br>Occupation<br>CEO                  | 04/28/2022                 | 1000.00 |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>LAUTER, ROBERT, , ,<br><br>757 BINNACLE DR<br><br>NAPLES FL 34103          | <b>Transaction ID : 6C2BFD63DCA754958BE7</b><br>Occupation<br>CEO                  | 04/28/2022                 | 1000.00 |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>KINGHORN, JAKE, , ,<br><br>5489 E WILDHORSE LN<br><br>BOISE ID 83709       | <b>Transaction ID : 673A2259189CB4AAFAA6</b><br>Occupation<br>MEDICAL SUPPLY       | 04/28/2022                 | 2900.00 |

continuation page

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| 1. NAME OF COMMITTEE IN FULL<br>FRIENDS FOR KATHY BARNETTE                                                                                                              |  |                                                                                                                                                                         |  |
| ADDRESS (number and street) PO BOX 659                                                                                                                                  |  |                                                                                                                                                                         |  |
| CITY, STATE, and ZIP CODE<br>HUNTINGDON VALLEY PA 19006-0659                                                                                                            |  |                                                                                                                                                                         |  |
| 2. NAME OF CANDIDATE<br>BARNETTE, KATHY, , ,                                                                                                                            |  | 3. OFFICE SOUGHT (State and District)<br>House PA 04                                                                                                                    |  |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00734731                                                                                                                               |  |
| 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 _____ / _____ / _____ |  |                                                                                                                                                                         |  |
| continuation page                                                                                                                                                       |  |                                                                                                                                                                         |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>LAUTER, ROBERT, , ,<br><br>757 BINNCLE DR<br><br>NAPLES FL 34103                                                          |  | Name of Employer<br>MASTER SPAS<br><br>Date (month, day, year)<br>04/28/2022<br><br>Amount<br>1000.00<br><br>Transaction ID : 628123E4F5753451A93D<br>Occupation<br>CEO |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>ARTHURS, BARBARA, , ,<br><br>3000 PENNYPACK RD<br><br>HATBORO PA 19040-4212                                               |  | Name of Employer<br>RETIRED<br><br>Date (month, day, year)<br>04/29/2022<br><br>Amount<br>1000.00<br><br>Transaction ID : 6EE22A192687A4A9CAC5<br>Occupation<br>RETIRED |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>HUANG, DONG, , ,<br><br>789 FRANKLIN MILLS CIR<br><br>PHILADELPHIA PA 19154                                               |  | Name of Employer<br>K-POT<br><br>Date (month, day, year)<br>04/29/2022<br><br>Amount<br>1000.00<br><br>Transaction ID : 669AC5B368E83432FBB1<br>Occupation<br>MANAGER   |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  | Name of Employer<br><br><br>Occupation                                                                                                                                  |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  | Name of Employer<br><br><br>Occupation                                                                                                                                  |  |