

# 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>JD VANCE FOR SENATE INC                                                                                                              |                    |                                                           |  |
| ADDRESS (number and street) PO BOX 6564                                                                                                                                     |                    |                                                           |  |
| <b>CITY</b><br>Cincinnati                                                                                                                                                   | <b>STATE</b><br>OH | <b>ZIP CODE</b><br>45206                                  |  |
| <b>2. NAME OF CANDIDATE</b><br>VANCE, J, D, ,                                                                                                                               |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>Senate OH |  |
|                                                                                                                                                                             |                    | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00783142          |  |
| <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>CALPORTLAND CO. PAC           |             |                        | Name of Employer<br><br><b>Transaction ID : TX235472</b>                  | Date (month, day, year)<br>10/24/2022                                                                                                                          | Amount<br>2500.00 |
| MAILING ADDRESS<br>2025 E FINANCIAL WAY              |             |                        |                                                                           |                                                                                                                                                                |                   |
| CITY<br>GLENDORA                                     | STATE<br>CA | ZIP CODE<br>91741-     |                                                                           |                                                                                                                                                                |                   |
| <b>B. FULL NAME</b><br>AGC PAC                       |             |                        | Name of Employer<br><br><b>Transaction ID : TX235473</b>                  | Date (month, day, year)<br>10/24/2022                                                                                                                          | Amount<br>5000.00 |
| MAILING ADDRESS<br>2300 WILSON BLVD STE 300          |             |                        |                                                                           |                                                                                                                                                                |                   |
| CITY<br>ARLINGTON                                    | STATE<br>VA | ZIP CODE<br>22201-     |                                                                           |                                                                                                                                                                |                   |
| <b>C. FULL NAME</b><br>CNX RESOURCES CORPORATION PAC |             |                        | Name of Employer<br><br><b>Transaction ID : TX235474</b>                  | Date (month, day, year)<br>10/24/2022                                                                                                                          | Amount<br>2000.00 |
| MAILING ADDRESS<br>700 PENNSYLVANIA AVE SE STE 2036  |             |                        |                                                                           |                                                                                                                                                                |                   |
| CITY<br>WASHINGTON                                   | STATE<br>DC | ZIP CODE<br>20003-     |                                                                           |                                                                                                                                                                |                   |
| <b>D. FULL NAME</b><br>ADELSON, MIRIAM, , DR.,       |             |                        | Name of Employer<br>SELF EMPLOYED<br><br><b>Transaction ID : TX235471</b> | Date (month, day, year)<br>10/24/2022                                                                                                                          | Amount<br>2900.00 |
| MAILING ADDRESS<br>5500 HAVEN ST                     |             |                        |                                                                           |                                                                                                                                                                |                   |
| CITY<br>LAS VEGAS                                    | STATE<br>NV | ZIP CODE<br>89119-     |                                                                           |                                                                                                                                                                |                   |
| <b>E. FULL NAME</b><br>CONFORTI, FRED, , ,           |             |                        | Name of Employer<br>RETIRED<br><br><b>Transaction ID : TX235088</b>       | Date (month, day, year)<br>10/23/2022                                                                                                                          | Amount<br>1000.00 |
| MAILING ADDRESS<br>534 AVELLINO ISLES CIR, APT 8202  |             |                        |                                                                           |                                                                                                                                                                |                   |
| CITY<br>NAPLES                                       | STATE<br>FL | ZIP CODE<br>34119-2400 |                                                                           |                                                                                                                                                                |                   |
| <b>SIGNATURE (optional)</b><br>LISKER, LISA, , ,     |             |                        | DATE<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 |                   |
| [Electronically Filed]                               |             |                        |                                                                           |                                                                                                                                                                |                   |

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

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)

# 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>JD VANCE FOR SENATE INC                                                                                                              |  |                                                                                                                                              |  |
| <b>ADDRESS</b> (number and street) PO BOX 6564                                                                                                                              |  |                                                                                                                                              |  |
| <b>CITY, STATE, and ZIP CODE</b><br>Cincinnati OH 45206                                                                                                                     |  |                                                                                                                                              |  |
| <b>2. NAME OF CANDIDATE</b><br>VANCE, J, D, ,                                                                                                                               |  | <b>3. OFFICE SOUGHT</b> (State and District)<br>Senate OH                                                                                    |  |
|                                                                                                                                                                             |  | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00783142                                                                                             |  |
| <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>continuation page</b>                                                                                                                                                    |  |                                                                                                                                              |  |
| <b>A. FULL NAME, MAILING ADDRESS AND ZIP CODE</b><br>DOSHI, BHAVESH, , ,<br>2502 NOB HILL PL N<br>SEATTLE WA 98109-2052                                                     |  | Name of Employer<br>MICROSOFT<br><b>Transaction ID : TX232564</b><br>Occupation<br>ENGINEER                                                  |  |
|                                                                                                                                                                             |  | Date (month, day, year)<br>10/22/2022<br>Amount<br>1000.00                                                                                   |  |
| <b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b><br>GIBBS, RANDY, , ,<br>8834 STABLE LANE<br>HOUSTON TX 77024-7021                                                         |  | Name of Employer<br>MULTIFUELS LP<br><b>Transaction ID : TX234994</b><br>Occupation<br>CEO                                                   |  |
|                                                                                                                                                                             |  | Date (month, day, year)<br>10/23/2022<br>Amount<br>1000.00                                                                                   |  |
| <b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b><br>KIMBLE, BARBARA, S., ,<br>4653 OLD ROUTE 39 NW<br>DOVER OH 44622-                                                      |  | Name of Employer<br>INFORMATION REQUESTED PER BEST EFFORTS<br><b>Transaction ID : TX235458</b><br>Occupation<br>INFORMATION REQUESTED PER BI |  |
|                                                                                                                                                                             |  | Date (month, day, year)<br>10/24/2022<br>Amount<br>5000.00                                                                                   |  |
| <b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b><br>KLEIER, CHARLES, , ,<br>127 OLD MILL ROAD<br>GREENVILLE SC 29607-5315                                                  |  | Name of Employer<br>SPECTRUM INTERIORS OF SOUTH CAROLINA<br><b>Transaction ID : TX235041</b><br>Occupation<br>CONSTRUCTION                   |  |
|                                                                                                                                                                             |  | Date (month, day, year)<br>10/23/2022<br>Amount<br>1000.00                                                                                   |  |
| <b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b><br>KOSCHOFF, HELEN, , ,<br>78 QUAKER MEETINGHOUSE RD.<br>CATAWISSA PA 17820-8706                                          |  | Name of Employer<br>SELF-EMPLOYED<br><b>Transaction ID : TX234662</b><br>Occupation<br>ATTORNEY                                              |  |
|                                                                                                                                                                             |  | Date (month, day, year)<br>10/23/2022<br>Amount<br>1000.00                                                                                   |  |

# 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>JD VANCE FOR SENATE INC                                                                                                                 |  |                                                           |  |
| <b>ADDRESS</b> (number and street) PO BOX 6564                                                                                                                                 |  |                                                           |  |
| <b>CITY, STATE, and ZIP CODE</b><br>Cincinnati OH 45206                                                                                                                        |  |                                                           |  |
| <b>2. NAME OF CANDIDATE</b><br>VANCE, J, D, ,                                                                                                                                  |  | <b>3. OFFICE SOUGHT</b> (State and District)<br>Senate OH |  |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00783142                                                                                                                               |  | <i>continuation page</i>                                  |  |
| <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                                                                             | Date (month, day, year)               | Amount            |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------|-------------------|
| LACEY, NANCY, , ,<br><br>416 ARDATH DR.<br><br>CAMBRIA CA 93428-5524                                                      | RETIRED<br><br><b>Transaction ID : TX234286</b><br>Occupation<br>RETIRED                     | 10/23/2022                            | 1000.00           |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>LEARY, DANIEL, , ,<br><br>482 ELSMERE STREET<br><br>COLUMBUS OH 43206-1392  | Name of Employer<br>LEGAL<br><br><b>Transaction ID : TX234984</b><br>Occupation<br>ATTORNEY  | Date (month, day, year)<br>10/23/2022 | Amount<br>1000.00 |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>LOVELESS, ROBERT, , ,<br><br>P.O. BOX 2312<br><br>BAKERSFIELD CA 93303-2312 | Name of Employer<br>RETIRED<br><br><b>Transaction ID : TX230987</b><br>Occupation<br>RETIRED | Date (month, day, year)<br>10/22/2022 | Amount<br>1000.00 |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>LOVELESS, ROBERT, , ,<br><br>P.O. BOX 2312<br><br>BAKERSFIELD CA 93303-2312 | Name of Employer<br>RETIRED<br><br><b>Transaction ID : TX234372</b><br>Occupation<br>RETIRED | Date (month, day, year)<br>10/23/2022 | Amount<br>1000.00 |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>LOVELESS, ROBERT, , ,<br><br>P.O. BOX 2312<br><br>BAKERSFIELD CA 93303-2312 | Name of Employer<br>RETIRED<br><br><b>Transaction ID : TX234937</b><br>Occupation<br>RETIRED | Date (month, day, year)<br>10/23/2022 | Amount<br>1000.00 |

# 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>JD VANCE FOR SENATE INC                                                                                                              |  |                                                           |  |
| <b>ADDRESS</b> (number and street) PO BOX 6564                                                                                                                              |  |                                                           |  |
| <b>CITY, STATE, and ZIP CODE</b><br>Cincinnati OH 45206                                                                                                                     |  |                                                           |  |
| <b>2. NAME OF CANDIDATE</b><br>VANCE, J, D, ,                                                                                                                               |  | <b>3. OFFICE SOUGHT</b> (State and District)<br>Senate OH |  |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00783142                                                                                                                            |  | <i><b>continuation page</b></i>                           |  |
| <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                                                                                 | Date (month, day, year)               | Amount            |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------|-------------------|
| PETTY, DALE, , ,<br><br>P.O. BOX 1667<br><br>MANTEO NC 27954-1667                                                            | SURF OR SOUND REALTY<br><br><b>Transaction ID : TX233888</b><br>Occupation<br>REALTOR            | 10/23/2022                            | 4000.00           |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>POWELL, RITA, , ,<br><br>1416 MOSS CREEK DR.<br><br>JACKSONVILLE FL 32225-2649 | Name of Employer<br>RETIRED<br><br><b>Transaction ID : TX233018</b><br>Occupation<br>RETIRED     | Date (month, day, year)<br>10/22/2022 | Amount<br>2900.00 |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>RETTIG, TIMOTHY, , ,<br><br>224 KETTENRING DR.<br><br>DEFIANCE OH 43512-1752   | Name of Employer<br>SELF<br><br><b>Transaction ID : TX232245</b><br>Occupation<br>SALES          | Date (month, day, year)<br>10/22/2022 | Amount<br>1000.00 |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>RICHEY, ALBERT, , ,<br><br>5421 STURBRIDGE DR.<br><br>HOUSTON TX 77056-1620    | Name of Employer<br>RETIRED<br><br><b>Transaction ID : TX231822</b><br>Occupation<br>RETIRED     | Date (month, day, year)<br>10/22/2022 | Amount<br>1000.00 |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>SEIGLER, SARAH, , ,<br><br>303 COUNTRY LANE<br><br>KAMIAH ID 83536-6043        | Name of Employer<br>SELF<br><br><b>Transaction ID : TX233733</b><br>Occupation<br>BUSINESS OWNER | Date (month, day, year)<br>10/23/2022 | Amount<br>1000.00 |

# 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>JD VANCE FOR SENATE INC                                                                                                                 |  |                                                                |  |
| <b>ADDRESS</b> (number and street) PO BOX 6564                                                                                                                                 |  |                                                                |  |
| <b>CITY, STATE, and ZIP CODE</b><br>Cincinnati OH 45206                                                                                                                        |  |                                                                |  |
| <b>2. NAME OF CANDIDATE</b><br>VANCE, J, D, ,                                                                                                                                  |  | <b>3. OFFICE SOUGHT</b> (State and District)<br>Senate OH      |  |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00783142                                                                                                                               |  | <i><b>continuation page</b></i>                                |  |
| <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, MAILING ADDRESS AND ZIP CODE</b><br>WALKER, RICKY, , ,<br><br>3714 NW 6TH STREET<br><br>NEWCASTLE OK 73065-6021                                               |  |                                                                |  |
| Name of Employer<br>WALKER AND SONS<br><br><b>Transaction ID : TX230933</b><br>Occupation<br>MACHINIST                                                                         |  | Date (month, day, year)<br>10/22/2022<br><br>Amount<br>1500.00 |  |
| <b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>                                                                                                                              |  |                                                                |  |
| Name of Employer<br><br><br>Occupation                                                                                                                                         |  | Date (month, day, year)<br><br><br>Amount                      |  |
| <b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>                                                                                                                              |  |                                                                |  |
| Name of Employer<br><br><br>Occupation                                                                                                                                         |  | Date (month, day, year)<br><br><br>Amount                      |  |
| <b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>                                                                                                                              |  |                                                                |  |
| Name of Employer<br><br><br>Occupation                                                                                                                                         |  | Date (month, day, year)<br><br><br>Amount                      |  |
| <b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>                                                                                                                              |  |                                                                |  |
| Name of Employer<br><br><br>Occupation                                                                                                                                         |  | Date (month, day, year)<br><br><br>Amount                      |  |