

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 Marlinga for Congress																						
ADDRESS (number and street) 155 SOUTH MAIN ST #46232																						
CITY MT. CLEMENS		STATE MI		ZIP CODE 48046																		
2. NAME OF CANDIDATE Marlinga, Carl, , ,			3. OFFICE SOUGHT (State and District) House MI 10																			
4. FEC IDENTIFICATION NUMBER C00807727																						
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 Capozza, Dennis, , , </td> <td> Name of Employer University of Michigan </td> <td> Date (month, day, year) 10/30/2022 </td> <td> Amount 2000.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 240 Barton Dr </td> <td> Transaction ID : 5214003 </td> <td></td> <td></td> </tr> <tr> <td> CITY Ann Arbor </td> <td> STATE MI </td> <td> ZIP CODE 48105-1143 </td> <td> Occupation Professor </td> <td></td> <td></td> </tr> </table>					A. FULL NAME Capozza, Dennis, , ,			Name of Employer University of Michigan	Date (month, day, year) 10/30/2022	Amount 2000.00	MAILING ADDRESS 240 Barton Dr			Transaction ID : 5214003			CITY Ann Arbor	STATE MI	ZIP CODE 48105-1143	Occupation Professor		
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SIGNATURE (optional) Policicchio, Victoria, , ,			DATE 11/01/2022		For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																	
<i>[Electronically Filed]</i>																						

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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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A. FULL NAME, MAILING ADDRESS AND ZIP CODE Trickey, Charles, , , III 49228 Mallorie Ct Macomb MI 48042-4840	Name of Employer Trickey Law PLLC Transaction ID : 5214007 Occupation Attorney	Date (month, day, year) 10/30/2022	Amount 1000.00
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
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