

# 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<br><b>Jen Schultz Volunteer Committee</b>                                                                                                  |             |                                                                                                                                                         |  |
| ADDRESS (number and street) P.O. Box 3218                                                                                                                               |             |                                                                                                                                                         |  |
| CITY<br>Duluth                                                                                                                                                          | STATE<br>MN | ZIP CODE<br>55803                                                                                                                                       |  |
| 2. NAME OF CANDIDATE<br>Schultz, Jennifer, , ,                                                                                                                          |             | 3. OFFICE SOUGHT (State and District)<br>House MN 08                                                                                                    |  |
|                                                                                                                                                                         |             | 4. FEC IDENTIFICATION NUMBER<br>C00810416                                                                                                               |  |
| 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 _____ / _____ / _____ |             |                                                                                                                                                         |  |
| A. FULL NAME<br><b>Henke, Susan, , ,</b>                                                                                                                                |             | Name of Employer<br>Not Employed                                                                                                                        |  |
| MAILING ADDRESS<br>1907 Melrose Ave                                                                                                                                     |             | Date (month, day, year)<br>08/02/2022                                                                                                                   |  |
| CITY<br>Duluth                                                                                                                                                          |             | Amount<br>2500.00                                                                                                                                       |  |
| STATE<br>MN                                                                                                                                                             |             | Transaction ID : 15260849                                                                                                                               |  |
| ZIP CODE<br>55803-2500                                                                                                                                                  |             | Occupation<br>Not Employed                                                                                                                              |  |
| B. FULL NAME                                                                                                                                                            |             | Name of Employer                                                                                                                                        |  |
| MAILING ADDRESS                                                                                                                                                         |             | Date (month, day, year)                                                                                                                                 |  |
| CITY                                                                                                                                                                    |             | Amount                                                                                                                                                  |  |
| STATE                                                                                                                                                                   |             |                                                                                                                                                         |  |
| ZIP CODE                                                                                                                                                                |             | Occupation                                                                                                                                              |  |
| C. FULL NAME                                                                                                                                                            |             | Name of Employer                                                                                                                                        |  |
| MAILING ADDRESS                                                                                                                                                         |             | Date (month, day, year)                                                                                                                                 |  |
| CITY                                                                                                                                                                    |             | Amount                                                                                                                                                  |  |
| STATE                                                                                                                                                                   |             |                                                                                                                                                         |  |
| ZIP CODE                                                                                                                                                                |             | Occupation                                                                                                                                              |  |
| D. FULL NAME                                                                                                                                                            |             | Name of Employer                                                                                                                                        |  |
| MAILING ADDRESS                                                                                                                                                         |             | Date (month, day, year)                                                                                                                                 |  |
| CITY                                                                                                                                                                    |             | Amount                                                                                                                                                  |  |
| STATE                                                                                                                                                                   |             |                                                                                                                                                         |  |
| ZIP CODE                                                                                                                                                                |             | Occupation                                                                                                                                              |  |
| E. FULL NAME                                                                                                                                                            |             | Name of Employer                                                                                                                                        |  |
| MAILING ADDRESS                                                                                                                                                         |             | Date (month, day, year)                                                                                                                                 |  |
| CITY                                                                                                                                                                    |             | Amount                                                                                                                                                  |  |
| STATE                                                                                                                                                                   |             |                                                                                                                                                         |  |
| ZIP CODE                                                                                                                                                                |             | Occupation                                                                                                                                              |  |
| SIGNATURE (optional)<br>Weidner, Robert, , ,                                                                                                                            |             | DATE<br>08/03/2022                                                                                                                                      |  |
|                                                                                                                                                                         |             | For further information contact:<br>Federal Election Commission<br>999 E Street, NW, Washington, DC 20463<br>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)