

# 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>Rashida Tlaib for Congress                                                                                                              |  |                    |                                                             |                                                                                                                                                                |
| <b>ADDRESS</b> (number and street) P.O. Box 32777                                                                                                                              |  |                    |                                                             |                                                                                                                                                                |
| <b>CITY</b><br>Detroit                                                                                                                                                         |  | <b>STATE</b><br>MI |                                                             | <b>ZIP CODE</b><br>48232                                                                                                                                       |
| <b>2. NAME OF CANDIDATE</b><br>Tlaib, Rashida, , ,                                                                                                                             |  |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House MI 12 |                                                                                                                                                                |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00668608                                                                                                                               |  |                    |                                                             |                                                                                                                                                                |
| <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>Bazzi Podiatry PLLC<br><br><b>MAILING ADDRESS</b><br>7633 E Jefferson Ave<br>Ste 250<br><b>CITY</b> STATE ZIP CODE<br>Detroit MI 48214-3731             |  |                    |                                                             | Name of Employer<br><br><b>Transaction ID : 6892094</b><br>Occupation                                                                                          |
|                                                                                                                                                                                |  |                    |                                                             | Date (month, day, year)<br>07/20/2022                                                                                                                          |
|                                                                                                                                                                                |  |                    |                                                             | Amount<br>1000.00                                                                                                                                              |
| <b>B. FULL NAME</b><br><br><b>MAILING ADDRESS</b><br><br><b>CITY</b> STATE ZIP CODE                                                                                            |  |                    |                                                             | Name of Employer<br><br>Occupation                                                                                                                             |
|                                                                                                                                                                                |  |                    |                                                             | Date (month, day, year)                                                                                                                                        |
|                                                                                                                                                                                |  |                    |                                                             | Amount                                                                                                                                                         |
| <b>C. FULL NAME</b><br><br><b>MAILING ADDRESS</b><br><br><b>CITY</b> STATE ZIP CODE                                                                                            |  |                    |                                                             | Name of Employer<br><br>Occupation                                                                                                                             |
|                                                                                                                                                                                |  |                    |                                                             | Date (month, day, year)                                                                                                                                        |
|                                                                                                                                                                                |  |                    |                                                             | Amount                                                                                                                                                         |
| <b>D. FULL NAME</b><br><br><b>MAILING ADDRESS</b><br><br><b>CITY</b> STATE ZIP CODE                                                                                            |  |                    |                                                             | Name of Employer<br><br>Occupation                                                                                                                             |
|                                                                                                                                                                                |  |                    |                                                             | Date (month, day, year)                                                                                                                                        |
|                                                                                                                                                                                |  |                    |                                                             | Amount                                                                                                                                                         |
| <b>E. FULL NAME</b><br><br><b>MAILING ADDRESS</b><br><br><b>CITY</b> STATE ZIP CODE                                                                                            |  |                    |                                                             | Name of Employer<br><br>Occupation                                                                                                                             |
|                                                                                                                                                                                |  |                    |                                                             | Date (month, day, year)                                                                                                                                        |
|                                                                                                                                                                                |  |                    |                                                             | Amount                                                                                                                                                         |
| <b>SIGNATURE (optional)</b><br>Suzuki, Soh, , ,<br><br><div style="text-align: center;">[Electronically Filed]</div>                                                           |  |                    | <b>DATE</b><br>07/22/2022                                   | <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 |

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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)