

# 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>Blumenthal for Connecticut                                                                                                           |                    |                                                           |  |
| <b>ADDRESS</b> (number and street) 1111 Summer St, Ste 301<br>c/o Cacace Tusch & Santagata                                                                                  |                    |                                                           |  |
| <b>CITY</b><br>Stamford                                                                                                                                                     | <b>STATE</b><br>CT | <b>ZIP CODE</b><br>06905                                  |  |
| <b>2. NAME OF CANDIDATE</b><br>Blumenthal, Richard, , ,                                                                                                                     |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>Senate CT |  |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00492991                                                                                                                            |                    |                                                           |  |
| <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>Cox Enterprises PAC (COXPAC) Inc.                                                       |                    |                               | Name of Employer                | Date (month, day, year)<br>10/31/2022 | Amount<br>2500.00                                                                                                                                              |
| <b>MAILING ADDRESS</b><br>975 F St NW<br>Ste 300                                                               |                    |                               | <b>Transaction ID : 7356547</b> |                                       |                                                                                                                                                                |
| <b>CITY</b><br>Washington                                                                                      | <b>STATE</b><br>DC | <b>ZIP CODE</b><br>20004-1459 | Occupation                      |                                       |                                                                                                                                                                |
| <b>B. FULL NAME</b><br>National Postal Mail Handlers Union - Division of Laborers Int'l Union of North America |                    |                               | Name of Employer                | Date (month, day, year)<br>10/31/2022 | Amount<br>2500.00                                                                                                                                              |
| <b>MAILING ADDRESS</b><br>905 16th St NW<br>Fl 2                                                               |                    |                               | <b>Transaction ID : 7356495</b> |                                       |                                                                                                                                                                |
| <b>CITY</b><br>Washington                                                                                      | <b>STATE</b><br>DC | <b>ZIP CODE</b><br>20006-1703 | Occupation                      |                                       |                                                                                                                                                                |
| <b>C. FULL NAME</b>                                                                                            |                    |                               | Name of Employer                | Date (month, day, year)               | Amount                                                                                                                                                         |
| <b>MAILING ADDRESS</b>                                                                                         |                    |                               |                                 |                                       |                                                                                                                                                                |
| <b>CITY</b>                                                                                                    | <b>STATE</b>       | <b>ZIP CODE</b>               | Occupation                      |                                       |                                                                                                                                                                |
| <b>D. FULL NAME</b>                                                                                            |                    |                               | Name of Employer                | Date (month, day, year)               | Amount                                                                                                                                                         |
| <b>MAILING ADDRESS</b>                                                                                         |                    |                               |                                 |                                       |                                                                                                                                                                |
| <b>CITY</b>                                                                                                    | <b>STATE</b>       | <b>ZIP CODE</b>               | Occupation                      |                                       |                                                                                                                                                                |
| <b>E. FULL NAME</b>                                                                                            |                    |                               | Name of Employer                | Date (month, day, year)               | Amount                                                                                                                                                         |
| <b>MAILING ADDRESS</b>                                                                                         |                    |                               |                                 |                                       |                                                                                                                                                                |
| <b>CITY</b>                                                                                                    | <b>STATE</b>       | <b>ZIP CODE</b>               | Occupation                      |                                       |                                                                                                                                                                |
| <b>SIGNATURE (optional)</b><br>Zamore, Judith, , ,                                                             |                    |                               | <b>DATE</b><br>11/02/2022       |                                       | <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>                                                                                  |                    |                               |                                 |                                       |                                                                                                                                                                |

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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)