

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.

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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> A. FULL NAME PINNACLE WEST CAPITAL CORPORATION PAC </td> <td style="padding: 5px;"> Name of Employer </td> <td style="padding: 5px;"> Date (month, day, year) 11/03/2022 </td> <td style="padding: 5px;"> Amount 5000.00 </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> MAILING ADDRESS 801 PENNSYLVANIA AVE NW SUITE 214 </td> <td colspan="2" style="padding: 5px;"> Transaction ID : TX258246 </td> <td rowspan="3" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"> CITY WASHINGTON </td> <td style="padding: 5px;"> STATE DC </td> <td style="padding: 5px;"> ZIP CODE 20004-2680 </td> <td colspan="2" style="padding: 5px;"> Occupation </td> </tr> <tr> <td colspan="3" style="padding: 5px;"></td> <td colspan="2" style="padding: 5px;"></td> </tr> <tr> <td colspan="3" style="padding: 5px;"> 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)

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 Emmer for Congress			
ADDRESS (number and street) PO Box 998			
CITY, STATE, and ZIP CODE Anoka MN 55303			
2. NAME OF CANDIDATE Emmer, Thomas, Earl, , Jr.		3. OFFICE SOUGHT (State and District) House MN 06	
4. FEC IDENTIFICATION NUMBER C00545749		<i>continuation page</i>	
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			

A. FULL NAME, MAILING ADDRESS AND ZIP CODE CHEVRON EMPLOYEES PAC P.O. BOX 6016 SAN RAMON CA 94583-0716	Name of Employer Transaction ID : TX258252 Occupation	Date (month, day, year) 11/03/2022	Amount 2500.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTERESTED IN REGI 1750 NEW YORK AVE NW WASHINGTON DC 20006-5301	Name of Employer Transaction ID : TX258253 Occupation	Date (month, day, year) 11/03/2022	Amount 5000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE ELI LILLY AND CO PAC LILLY CORPORATE CENTER INDIANAPOLIS IN 46285-0001	Name of Employer Transaction ID : TX258254 Occupation	Date (month, day, year) 11/03/2022	Amount 5000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC) 999 E STREET, NW SUITE 400 WASHINGTON DC 20004-2007	Name of Employer Transaction ID : TX258255 Occupation	Date (month, day, year) 11/03/2022	Amount 4000.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE BANK POLICY INSTITUTE PAC 600 13TH ST NW STE 400 WASHINGTON DC 20005-3008	Name of Employer Transaction ID : TX258256 Occupation	Date (month, day, year) 11/03/2022	Amount 2500.00

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE AMERICAN HOSPITAL ASSOCIATION PAC 800 TENTH STREET, NW TWO CITYCENTER, SUITE 400 WASHINGTON DC 20001-5189				
Name of Employer Transaction ID : TX258257 Occupation		Date (month, day, year) 11/03/2022		Amount 5000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION POLITICAL ACTION 3 BETHESDA METRO CTR STE 1100 BETHESDA MD 20814-6302				
Name of Employer Transaction ID : TX258258 Occupation		Date (month, day, year) 11/03/2022		Amount 2500.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE THE VANGUARD GROUP COMMITTEE FOR RESPONSIBLE GOVERNMENT 975 F ST NW STE 500 WASHINGTON DC 20004-1457				
Name of Employer Transaction ID : TX258259 Occupation		Date (month, day, year) 11/03/2022		Amount 2500.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE NATIONAL MILK PRODUCERS FEDERATION PAC (NMPF PAC) 2107 WILSON BLVD STE 600 ARLINGTON VA 22201-3042				
Name of Employer Transaction ID : TX258260 Occupation		Date (month, day, year) 11/03/2022		Amount 1000.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE AMERICAN COUNCIL OF ENGINEERING COMPANIES (ACEC/PAC) 1015 15TH ST NW STE 800 WASHINGTON DC 20005-2605				
Name of Employer Transaction ID : TX258261 Occupation		Date (month, day, year) 11/03/2022		Amount 2000.00

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE BUILD POLITICAL ACTION COMMITTEE OF THE NATIONAL ASSOCIATION 1201 15TH STREET, NW WASHINGTON DC 20005-2899			
Name of Employer		Date (month, day, year)	Amount
Transaction ID : TX258269		11/04/2022	5000.00
Occupation			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE HUCK PAC P.O. BOX 2008 LITTLE ROCK AR 72203-2008			
Name of Employer		Date (month, day, year)	Amount
Transaction ID : TX258270		11/04/2022	5000.00
Occupation			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE GROVER, JASON, , , 434 GOLFWAY DRIVE FORT WAYNE IN 46814-			
Name of Employer		Date (month, day, year)	Amount
ASH BROKERAGE		11/04/2022	1000.00
Transaction ID : TX258265			
Occupation			
PRESIDENT			
D. FULL NAME, MAILING ADDRESS AND ZIP CODE LESHNER, ROBERT, , , 40 DUNE ROAD WATER MILL NY 11976-			
Name of Employer		Date (month, day, year)	Amount
COMPOUND LABS		11/03/2022	2900.00
Transaction ID : TX258262			
Occupation			
EXECUTIVE			
E. FULL NAME, MAILING ADDRESS AND ZIP CODE SCHNELL, ROBERT, , , 1130 OLD CRYSTAL BAY ROAD WAYZATA MN 55391-9368			
Name of Employer		Date (month, day, year)	Amount
CHRISTENSEN GROU		11/04/2022	1000.00
Transaction ID : TX258266			
Occupation			
INSURANCE BROKER			

continuation page

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE STONECIPHER, DONALD, , , 5040 ROSWELL RD ATLANTA GA 30342-			
Name of Employer GUARDIAN Transaction ID : TX258264 Occupation GENERAL AGENT		Date (month, day, year) 11/04/2022 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	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer Occupation		Date (month, day, year) Amount	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer Occupation		Date (month, day, year) Amount	