

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 MARK ALFORD FOR CONGRESS																						
ADDRESS (number and street) PO BOX 1634																						
CITY RAYMORE		STATE MO		ZIP CODE 64083																		
2. NAME OF CANDIDATE ALFORD, MARK, , ,			3. OFFICE SOUGHT (State and District) House MO 04																			
4. FEC IDENTIFICATION NUMBER C00792598																						
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 DICKEY, JERALD, , , </td> <td> Name of Employer DICKEY FUNERAL HOME </td> <td> Date (month, day, year) 07/17/2022 </td> <td> Amount 1000.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 2401 E MECHANIC ST </td> <td> Transaction ID : F6.7877 </td> <td></td> <td></td> </tr> <tr> <td> CITY HARRISONVILLE </td> <td> STATE MO </td> <td> ZIP CODE 64701 </td> <td> Occupation OWNER </td> <td></td> <td></td> </tr> </table>					A. FULL NAME DICKEY, JERALD, , ,			Name of Employer DICKEY FUNERAL HOME	Date (month, day, year) 07/17/2022	Amount 1000.00	MAILING ADDRESS 2401 E MECHANIC ST			Transaction ID : F6.7877			CITY HARRISONVILLE	STATE MO	ZIP CODE 64701	Occupation OWNER		
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SIGNATURE (optional) PHILLIPS, ROBERT, , ,				DATE 07/17/2022	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																	
[Electronically Filed]																						

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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B. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer Occupation		Date (month, day, year) Amount
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continuation page

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