

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 Spanberger for Congress																						
ADDRESS (number and street) PO Box 3112																						
CITY Fredericksburg		STATE VA		ZIP CODE 22402																		
2. NAME OF CANDIDATE Spanberger, Abigail, , ,			3. OFFICE SOUGHT (State and District) House VA 07																			
4. FEC IDENTIFICATION NUMBER C00649913																						
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 Fried, Adam, M., , </td> <td> Name of Employer Atlantic Builders </td> <td> Date (month, day, year) 06/11/2022 </td> <td> Amount 400.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 1975 Emancipation Hwy Unit 401 </td> <td> Transaction ID : VTR0BVRXJH7 </td> <td></td> <td></td> </tr> <tr> <td> CITY Fredericksburg </td> <td> STATE VA </td> <td> ZIP CODE 22401-5298 </td> <td> Occupation CEO </td> <td></td> <td></td> </tr> </table>					A. FULL NAME Fried, Adam, M., ,			Name of Employer Atlantic Builders	Date (month, day, year) 06/11/2022	Amount 400.00	MAILING ADDRESS 1975 Emancipation Hwy Unit 401			Transaction ID : VTR0BVRXJH7			CITY Fredericksburg	STATE VA	ZIP CODE 22401-5298	Occupation CEO		
A. FULL NAME Fried, Adam, M., ,			Name of Employer Atlantic Builders	Date (month, day, year) 06/11/2022	Amount 400.00																	
MAILING ADDRESS 1975 Emancipation Hwy Unit 401			Transaction ID : VTR0BVRXJH7																			
CITY Fredericksburg	STATE VA	ZIP CODE 22401-5298	Occupation CEO																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> B. FULL NAME Fried, Adam, M., , </td> <td> Name of Employer Atlantic Builders </td> <td> Date (month, day, year) 06/11/2022 </td> <td> Amount 600.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 1975 Emancipation Hwy Unit 401 </td> <td> Transaction ID : VTR0BVRXJT8 </td> <td></td> <td></td> </tr> <tr> <td> CITY Fredericksburg </td> <td> STATE VA </td> <td> ZIP CODE 22401-5298 </td> <td> Occupation CEO </td> <td></td> <td></td> </tr> </table>					B. FULL NAME Fried, Adam, M., ,			Name of Employer Atlantic Builders	Date (month, day, year) 06/11/2022	Amount 600.00	MAILING ADDRESS 1975 Emancipation Hwy Unit 401			Transaction ID : VTR0BVRXJT8			CITY Fredericksburg	STATE VA	ZIP CODE 22401-5298	Occupation CEO		
B. FULL NAME Fried, Adam, M., ,			Name of Employer Atlantic Builders	Date (month, day, year) 06/11/2022	Amount 600.00																	
MAILING ADDRESS 1975 Emancipation Hwy Unit 401			Transaction ID : VTR0BVRXJT8																			
CITY Fredericksburg	STATE VA	ZIP CODE 22401-5298	Occupation CEO																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> C. FULL NAME </td> <td> Name of Employer </td> <td> Date (month, day, year) </td> <td> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td></td> <td></td> <td></td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td> Occupation </td> <td></td> <td></td> </tr> </table>					C. FULL NAME 			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS						CITY	STATE	ZIP CODE	Occupation		
C. FULL NAME 			Name of Employer	Date (month, day, year)	Amount																	
MAILING ADDRESS																						
CITY	STATE	ZIP CODE	Occupation																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> D. FULL NAME </td> <td> Name of Employer </td> <td> Date (month, day, year) </td> <td> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td></td> <td></td> <td></td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td> Occupation </td> <td></td> <td></td> </tr> </table>					D. FULL NAME 			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS						CITY	STATE	ZIP CODE	Occupation		
D. FULL NAME 			Name of Employer	Date (month, day, year)	Amount																	
MAILING ADDRESS																						
CITY	STATE	ZIP CODE	Occupation																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> E. FULL NAME </td> <td> Name of Employer </td> <td> Date (month, day, year) </td> <td> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td></td> <td></td> <td></td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td> Occupation </td> <td></td> <td></td> </tr> </table>					E. FULL NAME 			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS						CITY	STATE	ZIP CODE	Occupation		
E. FULL NAME 			Name of Employer	Date (month, day, year)	Amount																	
MAILING ADDRESS																						
CITY	STATE	ZIP CODE	Occupation																			
SIGNATURE (optional) Mele, Steven, , ,				DATE 06/13/2022	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)