

# 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>Shontel Brown for Congress                                                                                                              |                    |                                                             |                                                                                                                                                                |
| ADDRESS (number and street) PO BOX 221232                                                                                                                                      |                    |                                                             |                                                                                                                                                                |
| <b>CITY</b><br>Beachwood                                                                                                                                                       | <b>STATE</b><br>OH | <b>ZIP CODE</b><br>44122                                    |                                                                                                                                                                |
| <b>2. NAME OF CANDIDATE</b><br>Brown, Shontel, , ,                                                                                                                             |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House OH 11 |                                                                                                                                                                |
|                                                                                                                                                                                |                    | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00764381            |                                                                                                                                                                |
| <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>Banfield, William, D, ,                                                                                                                                 |                    | Name of Employer                                            |                                                                                                                                                                |
| MAILING ADDRESS<br>2930 Pheasant Ring Dr                                                                                                                                       |                    | Date (month, day, year)<br>04/25/2022                       |                                                                                                                                                                |
| CITY<br>Rochester Hills                                                                                                                                                        |                    | Amount<br>2900.00                                           |                                                                                                                                                                |
| STATE<br>MI                                                                                                                                                                    |                    | Transaction ID : 6711170                                    |                                                                                                                                                                |
| ZIP CODE<br>48309-2857                                                                                                                                                         |                    | Occupation                                                  |                                                                                                                                                                |
| <b>B. FULL NAME</b><br>BETTY PAC                                                                                                                                               |                    | Name of Employer                                            |                                                                                                                                                                |
| MAILING ADDRESS<br>PO Box 14141                                                                                                                                                |                    | Date (month, day, year)<br>04/25/2022                       |                                                                                                                                                                |
| CITY<br>Saint Paul                                                                                                                                                             |                    | Amount<br>4000.00                                           |                                                                                                                                                                |
| STATE<br>MN                                                                                                                                                                    |                    | Transaction ID : 6720420                                    |                                                                                                                                                                |
| ZIP CODE<br>55114-0141                                                                                                                                                         |                    | Occupation                                                  |                                                                                                                                                                |
| <b>C. FULL NAME</b><br>Capitol Partners PAC                                                                                                                                    |                    | Name of Employer                                            |                                                                                                                                                                |
| MAILING ADDRESS<br>88 E Broad St<br>Ste 1560                                                                                                                                   |                    | Date (month, day, year)<br>04/26/2022                       |                                                                                                                                                                |
| CITY<br>Columbus                                                                                                                                                               |                    | Amount<br>2000.00                                           |                                                                                                                                                                |
| STATE<br>OH                                                                                                                                                                    |                    | Transaction ID : 6720407                                    |                                                                                                                                                                |
| ZIP CODE<br>43215-3178                                                                                                                                                         |                    | Occupation                                                  |                                                                                                                                                                |
| <b>D. FULL NAME</b><br>IUPAT Political Action Together PAC                                                                                                                     |                    | Name of Employer                                            |                                                                                                                                                                |
| MAILING ADDRESS<br>7234 Parkway Dr                                                                                                                                             |                    | Date (month, day, year)<br>04/25/2022                       |                                                                                                                                                                |
| CITY<br>Hanover                                                                                                                                                                |                    | Amount<br>5000.00                                           |                                                                                                                                                                |
| STATE<br>MD                                                                                                                                                                    |                    | Transaction ID : 6720401                                    |                                                                                                                                                                |
| ZIP CODE<br>21076-1307                                                                                                                                                         |                    | Occupation                                                  |                                                                                                                                                                |
| <b>E. FULL NAME</b><br>National Beer Wholesalers Association                                                                                                                   |                    | Name of Employer                                            |                                                                                                                                                                |
| MAILING ADDRESS<br>1101 King St<br>Ste 600                                                                                                                                     |                    | Date (month, day, year)<br>04/25/2022                       |                                                                                                                                                                |
| CITY<br>Alexandria                                                                                                                                                             |                    | Amount<br>2500.00                                           |                                                                                                                                                                |
| STATE<br>VA                                                                                                                                                                    |                    | Transaction ID : 6711175                                    |                                                                                                                                                                |
| ZIP CODE<br>22314-2965                                                                                                                                                         |                    | Occupation                                                  |                                                                                                                                                                |
| <b>SIGNATURE (optional)</b><br>Davies, Marvin, J, , III                                                                                                                        |                    | DATE<br>04/27/2022                                          | <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 |
| [Electronically Filed]                                                                                                                                                         |                    |                                                             |                                                                                                                                                                |

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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)

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------|---------|
| 1. NAME OF COMMITTEE IN FULL<br>Shontel Brown for Congress                                                                                                              |  |                                                      |         |
| ADDRESS (number and street) PO BOX 221232                                                                                                                               |  |                                                      |         |
| CITY, STATE, and ZIP CODE<br>Beachwood OH 44122                                                                                                                         |  |                                                      |         |
| 2. NAME OF CANDIDATE<br>Brown, Shontel, , ,                                                                                                                             |  | 3. OFFICE SOUGHT (State and District)<br>House OH 11 |         |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00764381            |         |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |  |                                                      |         |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>New York Life Insurance PAC<br>51 Madison Ave<br>Rm 1109<br>New York NY 10010-1603                                        |  |                                                      |         |
| Name of Employer                                                                                                                                                        |  | Date (month, day, year)                              | Amount  |
| Transaction ID : 6711185                                                                                                                                                |  | 04/25/2022                                           | 2500.00 |
| Occupation                                                                                                                                                              |  |                                                      |         |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Roizen, Michael, F., ,<br>9500 Euclid Ave<br>Cleveland OH 44195-0001                                                      |  |                                                      |         |
| Name of Employer                                                                                                                                                        |  | Date (month, day, year)                              | Amount  |
| Cleveland Clinic                                                                                                                                                        |  | 04/26/2022                                           | 2500.00 |
| Transaction ID : 6720411                                                                                                                                                |  |                                                      |         |
| Occupation                                                                                                                                                              |  |                                                      |         |
| Physician                                                                                                                                                               |  |                                                      |         |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |         |
| Name of Employer                                                                                                                                                        |  | Date (month, day, year)                              | Amount  |
|                                                                                                                                                                         |  |                                                      |         |
| Occupation                                                                                                                                                              |  |                                                      |         |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |         |
| Name of Employer                                                                                                                                                        |  | Date (month, day, year)                              | Amount  |
|                                                                                                                                                                         |  |                                                      |         |
| Occupation                                                                                                                                                              |  |                                                      |         |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |         |
| Name of Employer                                                                                                                                                        |  | Date (month, day, year)                              | Amount  |
|                                                                                                                                                                         |  |                                                      |         |
| Occupation                                                                                                                                                              |  |                                                      |         |

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