

# 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>FINSTAD FOR CONGRESS                                                                                                                 |  |                    |                                                                                                                                                                |                               |
| ADDRESS (number and street) PO BOX 923                                                                                                                                      |  |                    |                                                                                                                                                                |                               |
| <b>CITY</b><br>NEW ULM                                                                                                                                                      |  | <b>STATE</b><br>MN |                                                                                                                                                                | <b>ZIP CODE</b><br>56073-0923 |
| <b>2. NAME OF CANDIDATE</b><br>FINSTAD, BRAD, , ,                                                                                                                           |  |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House MN 01                                                                                                    |                               |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00807743                                                                                                                            |  |                    |                                                                                                                                                                |                               |
| <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>FITZSIMMONS, DAVID, , ,                                                                                                                              |  |                    |                                                                                                                                                                |                               |
| MAILING ADDRESS<br>11032 GUILDNER AVE NW                                                                                                                                    |  |                    | Name of Employer<br>US CONGRESS                                                                                                                                |                               |
| CITY<br>MAPLE LAKE                                                                                                                                                          |  |                    | Date (month, day, year)<br>07/31/2022                                                                                                                          |                               |
| STATE<br>MN                                                                                                                                                                 |  |                    | Amount<br>4000.00                                                                                                                                              |                               |
| ZIP CODE<br>55358-2322                                                                                                                                                      |  |                    | Transaction ID : 620B9A35524A64AE                                                                                                                              |                               |
| Occupation<br>CHIEF OF STAFF                                                                                                                                                |  |                    |                                                                                                                                                                |                               |
| <b>B. FULL NAME</b><br>SENN, MARK, , ,                                                                                                                                      |  |                    |                                                                                                                                                                |                               |
| MAILING ADDRESS<br>42425 N OLYMPIC FIELDS CT                                                                                                                                |  |                    | Name of Employer<br>RETIRED                                                                                                                                    |                               |
| CITY<br>PHOENIX                                                                                                                                                             |  |                    | Date (month, day, year)<br>07/31/2022                                                                                                                          |                               |
| STATE<br>AZ                                                                                                                                                                 |  |                    | Amount<br>1000.00                                                                                                                                              |                               |
| ZIP CODE<br>85086-1928                                                                                                                                                      |  |                    | Transaction ID : 623C049C0E1A74695                                                                                                                             |                               |
| Occupation<br>RETIRED                                                                                                                                                       |  |                    |                                                                                                                                                                |                               |
| <b>C. FULL NAME</b><br>MCADARAGH, PATRICK, , ,                                                                                                                              |  |                    |                                                                                                                                                                |                               |
| MAILING ADDRESS<br>15465 LUCERNE CIR                                                                                                                                        |  |                    | Name of Employer<br>MIDCONTINENT MEDIA, INC.                                                                                                                   |                               |
| CITY<br>BURNSVILLE                                                                                                                                                          |  |                    | Date (month, day, year)<br>07/31/2022                                                                                                                          |                               |
| STATE<br>MN                                                                                                                                                                 |  |                    | Amount<br>1000.00                                                                                                                                              |                               |
| ZIP CODE<br>55306-4410                                                                                                                                                      |  |                    | Transaction ID : 6A0C1D86A01744A4                                                                                                                              |                               |
| Occupation<br>BUSINESS OWNER AND CEO                                                                                                                                        |  |                    |                                                                                                                                                                |                               |
| <b>D. FULL NAME</b><br><br>                                                                                                                                                 |  |                    |                                                                                                                                                                |                               |
| MAILING ADDRESS<br><br>                                                                                                                                                     |  |                    | Name of Employer<br><br>                                                                                                                                       |                               |
| CITY<br><br>                                                                                                                                                                |  |                    | Date (month, day, year)<br><br>                                                                                                                                |                               |
| STATE<br><br>                                                                                                                                                               |  |                    | Amount<br><br>                                                                                                                                                 |                               |
| ZIP CODE<br><br>                                                                                                                                                            |  |                    | Occupation<br><br>                                                                                                                                             |                               |
| <b>E. FULL NAME</b><br><br>                                                                                                                                                 |  |                    |                                                                                                                                                                |                               |
| MAILING ADDRESS<br><br>                                                                                                                                                     |  |                    | Name of Employer<br><br>                                                                                                                                       |                               |
| CITY<br><br>                                                                                                                                                                |  |                    | Date (month, day, year)<br><br>                                                                                                                                |                               |
| STATE<br><br>                                                                                                                                                               |  |                    | Amount<br><br>                                                                                                                                                 |                               |
| ZIP CODE<br><br>                                                                                                                                                            |  |                    | Occupation<br><br>                                                                                                                                             |                               |
| <b>SIGNATURE (optional)</b><br>DATWYLER, THOMAS, , ,                                                                                                                        |  |                    | <b>DATE</b><br>08/02/2022                                                                                                                                      |                               |
| [Electronically Filed]                                                                                                                                                      |  |                    | <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 |                               |

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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)