

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 CHRIS WEST FOR CONGRESS INC.																						
ADDRESS (number and street) 165 BIG STAR DRIVE																						
CITY THOMASVILLE		STATE GA		ZIP CODE 31757																		
2. NAME OF CANDIDATE WEST, CHRISTOPHER CHRIS, , ,			3. OFFICE SOUGHT (State and District) House GA 02																			
4. FEC IDENTIFICATION NUMBER C00796524																						
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 HALEY, JOHN, HERBERT, , </td> <td> Name of Employer CENTURY PECAN GROVES INC. </td> <td> Date (month, day, year) 10/28/2022 </td> <td> Amount 1000.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS PO BOX 656 </td> <td colspan="2"> Transaction ID : R99F39P2JAHZKYUF </td> <td></td> </tr> <tr> <td> CITY LEESBURG </td> <td> STATE GA </td> <td> ZIP CODE 31763 </td> <td colspan="3"> Occupation OWNER </td> </tr> </table>					A. FULL NAME HALEY, JOHN, HERBERT, ,			Name of Employer CENTURY PECAN GROVES INC.	Date (month, day, year) 10/28/2022	Amount 1000.00	MAILING ADDRESS PO BOX 656			Transaction ID : R99F39P2JAHZKYUF			CITY LEESBURG	STATE GA	ZIP CODE 31763	Occupation OWNER		
A. FULL NAME HALEY, JOHN, HERBERT, ,			Name of Employer CENTURY PECAN GROVES INC.	Date (month, day, year) 10/28/2022	Amount 1000.00																	
MAILING ADDRESS PO BOX 656			Transaction ID : R99F39P2JAHZKYUF																			
CITY LEESBURG	STATE GA	ZIP CODE 31763	Occupation OWNER																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> B. 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 colspan="3"></td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td colspan="3"> Occupation </td> </tr> </table>					B. FULL NAME			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS						CITY	STATE	ZIP CODE	Occupation		
B. 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"> 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 colspan="3"></td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td colspan="3"> Occupation </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 colspan="3"></td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td colspan="3"> Occupation </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 colspan="3"></td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td colspan="3"> Occupation </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) BOLES, JASON, D, , [Electronically Filed]				DATE 10/29/2022	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																	

--	--	--

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)