

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 DelBene for Congress																					
ADDRESS (number and street) PO Box 477																					
CITY Kirkland	STATE WA	ZIP CODE 98083																			
2. NAME OF CANDIDATE DelBene, Suzan, , ,		3. OFFICE SOUGHT (State and District) House WA 01																			
4. FEC IDENTIFICATION NUMBER C00459099																					
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" style="padding: 5px;">A. FULL NAME AT&T INC. EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE</td> <td style="padding: 5px;">Name of Employer</td> <td style="padding: 5px;">Date (month, day, year)</td> <td style="padding: 5px;">Amount</td> </tr> <tr> <td colspan="3" style="padding: 5px;">MAILING ADDRESS 208 S Akard St Ste 1812</td> <td style="padding: 5px;">Transaction ID : 7851765</td> <td style="padding: 5px;">11/01/2022</td> <td style="padding: 5px;">4000.00</td> </tr> <tr> <td style="padding: 5px;">CITY Dallas</td> <td style="padding: 5px;">STATE TX</td> <td style="padding: 5px;">ZIP CODE 75202-4206</td> <td style="padding: 5px;">Occupation</td> <td colspan="2"></td> </tr> </table>				A. FULL NAME AT&T INC. EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS 208 S Akard St Ste 1812			Transaction ID : 7851765	11/01/2022	4000.00	CITY Dallas	STATE TX	ZIP CODE 75202-4206	Occupation		
A. FULL NAME AT&T INC. EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE			Name of Employer	Date (month, day, year)	Amount																
MAILING ADDRESS 208 S Akard St Ste 1812			Transaction ID : 7851765	11/01/2022	4000.00																
CITY Dallas	STATE TX	ZIP CODE 75202-4206	Occupation																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;">B. FULL NAME CARPENTERS LEGISLATIVE IMPROVEMENT COMMITTEE UNITED BROTHERHOOD OF CARPENTERS AND JOINERS</td> <td style="padding: 5px;">Name of Employer</td> <td style="padding: 5px;">Date (month, day, year)</td> <td style="padding: 5px;">Amount</td> </tr> <tr> <td colspan="3" style="padding: 5px;">MAILING ADDRESS 101 Constitution Ave NW Fl 10</td> <td style="padding: 5px;">Transaction ID : 7851753</td> <td style="padding: 5px;">11/01/2022</td> <td style="padding: 5px;">5000.00</td> </tr> <tr> <td style="padding: 5px;">CITY Washington</td> <td style="padding: 5px;">STATE DC</td> <td style="padding: 5px;">ZIP CODE 20001-2153</td> <td style="padding: 5px;">Occupation</td> <td colspan="2"></td> </tr> </table>				B. FULL NAME CARPENTERS LEGISLATIVE IMPROVEMENT COMMITTEE UNITED BROTHERHOOD OF CARPENTERS AND JOINERS			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS 101 Constitution Ave NW Fl 10			Transaction ID : 7851753	11/01/2022	5000.00	CITY Washington	STATE DC	ZIP CODE 20001-2153	Occupation		
B. FULL NAME CARPENTERS LEGISLATIVE IMPROVEMENT COMMITTEE UNITED BROTHERHOOD OF CARPENTERS AND JOINERS			Name of Employer	Date (month, day, year)	Amount																
MAILING ADDRESS 101 Constitution Ave NW Fl 10			Transaction ID : 7851753	11/01/2022	5000.00																
CITY Washington	STATE DC	ZIP CODE 20001-2153	Occupation																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;">C. FULL NAME Osterhaus, Mary, P., ,</td> <td style="padding: 5px;">Name of Employer Retired</td> <td style="padding: 5px;">Date (month, day, year)</td> <td style="padding: 5px;">Amount</td> </tr> <tr> <td colspan="3" style="padding: 5px;">MAILING ADDRESS 7407 Rambling Ln</td> <td style="padding: 5px;">Transaction ID : 7851746</td> <td style="padding: 5px;">11/01/2022</td> <td style="padding: 5px;">1000.00</td> </tr> <tr> <td style="padding: 5px;">CITY Medina</td> <td style="padding: 5px;">STATE WA</td> <td style="padding: 5px;">ZIP CODE 98039-2332</td> <td style="padding: 5px;">Occupation Retired</td> <td colspan="2"></td> </tr> </table>				C. FULL NAME Osterhaus, Mary, P., ,			Name of Employer Retired	Date (month, day, year)	Amount	MAILING ADDRESS 7407 Rambling Ln			Transaction ID : 7851746	11/01/2022	1000.00	CITY Medina	STATE WA	ZIP CODE 98039-2332	Occupation Retired		
C. FULL NAME Osterhaus, Mary, P., ,			Name of Employer Retired	Date (month, day, year)	Amount																
MAILING ADDRESS 7407 Rambling Ln			Transaction ID : 7851746	11/01/2022	1000.00																
CITY Medina	STATE WA	ZIP CODE 98039-2332	Occupation Retired																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;">D. FULL NAME</td> <td style="padding: 5px;">Name of Employer</td> <td style="padding: 5px;">Date (month, day, year)</td> <td style="padding: 5px;">Amount</td> </tr> <tr> <td colspan="3" style="padding: 5px;">MAILING ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td style="padding: 5px;">CITY</td> <td style="padding: 5px;">STATE</td> <td style="padding: 5px;">ZIP CODE</td> <td style="padding: 5px;">Occupation</td> <td colspan="2"></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" style="padding: 5px;">E. FULL NAME</td> <td style="padding: 5px;">Name of Employer</td> <td style="padding: 5px;">Date (month, day, year)</td> <td style="padding: 5px;">Amount</td> </tr> <tr> <td colspan="3" style="padding: 5px;">MAILING ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td style="padding: 5px;">CITY</td> <td style="padding: 5px;">STATE</td> <td style="padding: 5px;">ZIP CODE</td> <td style="padding: 5px;">Occupation</td> <td colspan="2"></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) Lloyd, Philip, , , [Electronically Filed]			DATE 11/02/2022	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)