

# 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>Armstrong for Congress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                                                             |                                |                                           |                                                                                                                                                                |  |                  |                                       |                   |                                                 |  |  |                                |  |  |                        |                    |                           |            |  |  |
| <b>ADDRESS</b> (number and street) 1515 Burnt Boat Drive<br>Suite C, Box 112                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                             |                                |                                           |                                                                                                                                                                |  |                  |                                       |                   |                                                 |  |  |                                |  |  |                        |                    |                           |            |  |  |
| <b>CITY</b><br>Bismarck                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>STATE</b><br>ND | <b>ZIP CODE</b><br>58503                                    |                                |                                           |                                                                                                                                                                |  |                  |                                       |                   |                                                 |  |  |                                |  |  |                        |                    |                           |            |  |  |
| <b>2. NAME OF CANDIDATE</b><br>Armstrong, Kelly, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House ND 01 |                                |                                           |                                                                                                                                                                |  |                  |                                       |                   |                                                 |  |  |                                |  |  |                        |                    |                           |            |  |  |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00670547                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                             |                                |                                           |                                                                                                                                                                |  |                  |                                       |                   |                                                 |  |  |                                |  |  |                        |                    |                           |            |  |  |
| <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 ____ / ____ / ____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                                                             |                                |                                           |                                                                                                                                                                |  |                  |                                       |                   |                                                 |  |  |                                |  |  |                        |                    |                           |            |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> <b>A. FULL NAME</b><br/>           CME GROUP INC. PAC         </td> <td style="padding: 5px;">           Name of Employer         </td> <td style="padding: 5px;">           Date (month, day, year)<br/>           06/08/2022         </td> <td style="padding: 5px;">           Amount<br/>           1000.00         </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <b>MAILING ADDRESS</b><br/>           20 SOUTH WACKER DRIVE         </td> <td colspan="2" style="padding: 5px;"> <b>Transaction ID : TX5811</b> </td> <td></td> </tr> <tr> <td style="padding: 5px;"> <b>CITY</b><br/>           CHICAGO         </td> <td style="padding: 5px;"> <b>STATE</b><br/>           IL         </td> <td style="padding: 5px;"> <b>ZIP CODE</b><br/>           60606-         </td> <td colspan="3" style="padding: 5px;">           Occupation         </td> </tr> </table> |                    |                                                             |                                | <b>A. FULL NAME</b><br>CME GROUP INC. PAC |                                                                                                                                                                |  | Name of Employer | Date (month, day, year)<br>06/08/2022 | Amount<br>1000.00 | <b>MAILING ADDRESS</b><br>20 SOUTH WACKER DRIVE |  |  | <b>Transaction ID : TX5811</b> |  |  | <b>CITY</b><br>CHICAGO | <b>STATE</b><br>IL | <b>ZIP CODE</b><br>60606- | Occupation |  |  |
| <b>A. FULL NAME</b><br>CME GROUP INC. PAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                             | Name of Employer               | Date (month, day, year)<br>06/08/2022     | Amount<br>1000.00                                                                                                                                              |  |                  |                                       |                   |                                                 |  |  |                                |  |  |                        |                    |                           |            |  |  |
| <b>MAILING ADDRESS</b><br>20 SOUTH WACKER DRIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                             | <b>Transaction ID : TX5811</b> |                                           |                                                                                                                                                                |  |                  |                                       |                   |                                                 |  |  |                                |  |  |                        |                    |                           |            |  |  |
| <b>CITY</b><br>CHICAGO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>STATE</b><br>IL | <b>ZIP CODE</b><br>60606-                                   | Occupation                     |                                           |                                                                                                                                                                |  |                  |                                       |                   |                                                 |  |  |                                |  |  |                        |                    |                           |            |  |  |
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| <b>B. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                             | Name of Employer               | Date (month, day, year)                   | Amount                                                                                                                                                         |  |                  |                                       |                   |                                                 |  |  |                                |  |  |                        |                    |                           |            |  |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                                             |                                |                                           |                                                                                                                                                                |  |                  |                                       |                   |                                                 |  |  |                                |  |  |                        |                    |                           |            |  |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>STATE</b>       | <b>ZIP CODE</b>                                             | Occupation                     |                                           |                                                                                                                                                                |  |                  |                                       |                   |                                                 |  |  |                                |  |  |                        |                    |                           |            |  |  |
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| <b>C. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                             | Name of Employer               | Date (month, day, year)                   | Amount                                                                                                                                                         |  |                  |                                       |                   |                                                 |  |  |                                |  |  |                        |                    |                           |            |  |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                                             |                                |                                           |                                                                                                                                                                |  |                  |                                       |                   |                                                 |  |  |                                |  |  |                        |                    |                           |            |  |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>STATE</b>       | <b>ZIP CODE</b>                                             | Occupation                     |                                           |                                                                                                                                                                |  |                  |                                       |                   |                                                 |  |  |                                |  |  |                        |                    |                           |            |  |  |
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| <b>D. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                             | Name of Employer               | Date (month, day, year)                   | Amount                                                                                                                                                         |  |                  |                                       |                   |                                                 |  |  |                                |  |  |                        |                    |                           |            |  |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                                             |                                |                                           |                                                                                                                                                                |  |                  |                                       |                   |                                                 |  |  |                                |  |  |                        |                    |                           |            |  |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>STATE</b>       | <b>ZIP CODE</b>                                             | Occupation                     |                                           |                                                                                                                                                                |  |                  |                                       |                   |                                                 |  |  |                                |  |  |                        |                    |                           |            |  |  |
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| <b>E. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                             | Name of Employer               | Date (month, day, year)                   | Amount                                                                                                                                                         |  |                  |                                       |                   |                                                 |  |  |                                |  |  |                        |                    |                           |            |  |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                                             |                                |                                           |                                                                                                                                                                |  |                  |                                       |                   |                                                 |  |  |                                |  |  |                        |                    |                           |            |  |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>STATE</b>       | <b>ZIP CODE</b>                                             | Occupation                     |                                           |                                                                                                                                                                |  |                  |                                       |                   |                                                 |  |  |                                |  |  |                        |                    |                           |            |  |  |
| <b>SIGNATURE (optional)</b><br>Hobbs, Cabell, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                                                             | <b>DATE</b><br>06/09/2022      |                                           | <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 |  |                  |                                       |                   |                                                 |  |  |                                |  |  |                        |                    |                           |            |  |  |
| <b>[Electronically Filed]</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                                                             |                                |                                           |                                                                                                                                                                |  |                  |                                       |                   |                                                 |  |  |                                |  |  |                        |                    |                           |            |  |  |

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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)