

# 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>People for Patty Murray                                                                                                                 |                    |                                                           |  |                                                  |
| <b>ADDRESS</b> (number and street) P.O. Box 3662                                                                                                                               |                    |                                                           |  |                                                  |
| <b>CITY</b><br>Seattle                                                                                                                                                         | <b>STATE</b><br>WA | <b>ZIP CODE</b><br>98124                                  |  |                                                  |
| <b>2. NAME OF CANDIDATE</b><br>Murray, Patty, , ,                                                                                                                              |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>Senate WA |  | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00257642 |
| <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>Bach, Robert, , ,              |                    |                               | Name of Employer<br>Self Employed     | Date (month, day, year)<br>10/23/2022                                                                                                                          | Amount<br>2900.00 |
| <b>MAILING ADDRESS</b><br>8801 Overlake Dr W          |                    |                               | <b>Transaction ID : 16647776</b>      |                                                                                                                                                                |                   |
| <b>CITY</b><br>Medina                                 | <b>STATE</b><br>WA | <b>ZIP CODE</b><br>98039-5347 | Occupation<br>Consultant              |                                                                                                                                                                |                   |
| <b>B. FULL NAME</b><br>Bryant, Susan, J, ,            |                    |                               | Name of Employer<br>Not Employed      | Date (month, day, year)<br>10/23/2022                                                                                                                          | Amount<br>1000.00 |
| <b>MAILING ADDRESS</b><br>1801 W Bay Dr NW<br>Apt 405 |                    |                               | <b>Transaction ID : 16647780</b>      |                                                                                                                                                                |                   |
| <b>CITY</b><br>Olympia                                | <b>STATE</b><br>WA | <b>ZIP CODE</b><br>98502-4310 | Occupation<br>Not Employed            |                                                                                                                                                                |                   |
| <b>C. FULL NAME</b><br>Frownfelter, Milah, , ,        |                    |                               | Name of Employer<br>Self Employed     | Date (month, day, year)<br>10/23/2022                                                                                                                          | Amount<br>2900.00 |
| <b>MAILING ADDRESS</b><br>2556 Queen Anne Ave N       |                    |                               | <b>Transaction ID : 16647774</b>      |                                                                                                                                                                |                   |
| <b>CITY</b><br>Seattle                                | <b>STATE</b><br>WA | <b>ZIP CODE</b><br>98109-1819 | Occupation<br>Physician               |                                                                                                                                                                |                   |
| <b>D. FULL NAME</b><br>Imhof, Patti, , ,              |                    |                               | Name of Employer<br>IMCO Construction | Date (month, day, year)<br>10/22/2022                                                                                                                          | Amount<br>1000.00 |
| <b>MAILING ADDRESS</b><br>243 Dolphin Pl              |                    |                               | <b>Transaction ID : 16542459</b>      |                                                                                                                                                                |                   |
| <b>CITY</b><br>Bellingham                             | <b>STATE</b><br>WA | <b>ZIP CODE</b><br>98229-8922 | Occupation<br>Director                |                                                                                                                                                                |                   |
| <b>E. FULL NAME</b><br>Li, Henry, , ,                 |                    |                               | Name of Employer<br>The Polyclinic    | Date (month, day, year)<br>10/23/2022                                                                                                                          | Amount<br>2000.00 |
| <b>MAILING ADDRESS</b><br>3500 E Spruce St            |                    |                               | <b>Transaction ID : 16647779</b>      |                                                                                                                                                                |                   |
| <b>CITY</b><br>Seattle                                | <b>STATE</b><br>WA | <b>ZIP CODE</b><br>98122-6556 | Occupation<br>Physician               |                                                                                                                                                                |                   |
| <b>SIGNATURE (optional)</b><br>Pettersen, Jay, , ,    |                    |                               | <b>DATE</b><br>10/24/2022             | <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>                         |                    |                               |                                       |                                                                                                                                                                |                   |

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)

(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.*

**continuation page**