

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 MARY MILLER FOR CONGRESS				
ADDRESS (number and street) 23326 E COUNTY ROAD 1960 N				
CITY OAKLAND		STATE IL		ZIP CODE 61943
2. NAME OF CANDIDATE MILLER, MARY, , ,			3. OFFICE SOUGHT (State and District) House IL 15	
4. FEC IDENTIFICATION NUMBER C00723916				
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____				

A. FULL NAME ARCHER, LYNNE, , ,			Name of Employer ARCHER AUTO GROUP		Date (month, day, year) 06/22/2022		Amount 2000.00	
MAILING ADDRESS 20 SAINT PETERS WALK			Transaction ID : R65626CTTPRYQKP					
CITY SUGAR LAND	STATE TX	ZIP CODE 77479-2525	Occupation SECRETARY					
B. FULL NAME CLOUD FOR CONGRESS			Name of Employer		Date (month, day, year) 06/22/2022		Amount 2000.00	
MAILING ADDRESS PO BOX 7027			Transaction ID : RZWTH7K7K3KPVPT					
CITY VICTORIA	STATE TX	ZIP CODE 77903-7027	Occupation					
C. FULL NAME CLYDE, ANDREW, S, ,			Name of Employer		Date (month, day, year) 06/22/2022		Amount 5800.00	
MAILING ADDRESS 972 TIMBER RIDGE DRIVE			Transaction ID : RYHUUVVJH33SANR					
CITY ATHENS	STATE GA	ZIP CODE 30607	Occupation					
D. FULL NAME CLYDE, ANDREW, S, ,			Name of Employer		Date (month, day, year) 06/22/2022		Amount - 2900.00	
MAILING ADDRESS 972 TIMBER RIDGE DRIVE			Transaction ID : RW4JTV5W5MNG8P					
CITY ATHENS	STATE GA	ZIP CODE 30607	Occupation					
E. FULL NAME CLYDE, JENNIFER, , ,			Name of Employer		Date (month, day, year) 06/22/2022		Amount 2900.00	
MAILING ADDRESS 972 TIMBER RIDGE DRIVE			Transaction ID : RAG7N2HCERGBZZI					
CITY ATHENS	STATE GA	ZIP CODE 30607	Occupation					
SIGNATURE (optional) BOLES, JASON, D, ,					DATE 06/23/2022		For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100	
[Electronically Filed]								

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)

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continuation page			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE HOUSE FREEDOM FUND 300 INDEPENDENCE AVE. SE WASHINGTON DC 20003			
Name of Employer		Date (month, day, year)	Amount
		06/22/2022	2900.00
Transaction ID : R8GAZ5G39RDZC9Y94Mk			
Occupation			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE HOUSE FREEDOM FUND 300 INDEPENDENCE AVE. SE WASHINGTON DC 20003			
Name of Employer		Date (month, day, year)	Amount
		06/22/2022	8597.00
Transaction ID : R49ACW23UGXXS9EG7DI			
Occupation			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE HOUSE FREEDOM FUND 300 INDEPENDENCE AVE. SE WASHINGTON DC 20003			
Name of Employer		Date (month, day, year)	Amount
		06/22/2022	2000.00
Transaction ID : RSEQP8E4BN6Z7BW3BXI			
Occupation			
D. FULL NAME, MAILING ADDRESS AND ZIP CODE JOHNSON, RICHARD, A, , 5280 BOXWOOD WAY NAPLES FL 34116			
Name of Employer		Date (month, day, year)	Amount
		06/22/2022	2000.00
Transaction ID : RTBETEB6C4DG2NHVH4P			
Occupation			
E. FULL NAME, MAILING ADDRESS AND ZIP CODE SCHUMACHER, AMANDA, , , 105 CLARENDON AVE PALM BEACH FL 33480-4905			
Name of Employer		Date (month, day, year)	Amount
		06/22/2022	5800.00
Transaction ID : RCGG6TUCVW7UBSRX2F			
Occupation			

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Name of Employer		Date (month, day, year) 06/22/2022	Amount - 2900.00
Transaction ID : RGR4BW2EFMWEMHYET			
Occupation			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE SCHUMACHER, AMANDA, , , 105 CLARENDON AVE PALM BEACH FL 33480-4905			
Name of Employer		Date (month, day, year) 06/22/2022	Amount 2900.00
Transaction ID : RZCFDSFQMNZAHZFSMT			
Occupation			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	Amount
Occupation			
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	Amount
Occupation			
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	Amount
Occupation			

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