

# 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><b>SCALISE FOR CONGRESS</b>                                                                                                             |                    |                               |                                                                                                                                                                |                          |
| <b>ADDRESS</b> (number and street) PO BOX 23219                                                                                                                                |                    |                               |                                                                                                                                                                |                          |
| <b>CITY</b><br>JEFFERSON                                                                                                                                                       |                    | <b>STATE</b><br>LA            |                                                                                                                                                                | <b>ZIP CODE</b><br>70183 |
| <b>2. NAME OF CANDIDATE</b><br>SCALISE, STEVE, , MR,                                                                                                                           |                    |                               | <b>3. OFFICE SOUGHT</b> (State and District)<br>House LA 01                                                                                                    |                          |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00394957                                                                                                                               |                    |                               |                                                                                                                                                                |                          |
| <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>T-MOBILE USA, INC. POLITICAL ACTION COMMITTEE (T-                                                                                                       |                    |                               |                                                                                                                                                                |                          |
| <b>MAILING ADDRESS</b><br>601 PENNSYLVANIA AVENUE NW<br>SUITE 800 NORTH BLDG.                                                                                                  |                    |                               | <b>Name of Employer</b><br><br><b>Transaction ID : TX2702654</b>                                                                                               |                          |
| <b>CITY</b><br>WASHINGTON                                                                                                                                                      | <b>STATE</b><br>DC | <b>ZIP CODE</b><br>20004-2710 | <b>Date (month, day, year)</b><br>07/19/2022<br><br><b>Amount</b><br>2500.00                                                                                   |                          |
| <b>B. FULL NAME</b><br>SAFARI CLUB INTERNATIONAL PAC                                                                                                                           |                    |                               | <b>Name of Employer</b><br><br><b>Transaction ID : TX2702655</b>                                                                                               |                          |
| <b>MAILING ADDRESS</b><br>4800 W GATES PASS ROAD                                                                                                                               |                    |                               | <b>Date (month, day, year)</b><br>07/19/2022<br><br><b>Amount</b><br>5000.00                                                                                   |                          |
| <b>CITY</b><br>TUCSON                                                                                                                                                          | <b>STATE</b><br>AZ | <b>ZIP CODE</b><br>85745-9600 | <b>Occupation</b><br>                                                                                                                                          |                          |
| <b>C. FULL NAME</b><br>FISHER, KERRY, , ,                                                                                                                                      |                    |                               | <b>Name of Employer</b><br>RETIRED                                                                                                                             |                          |
| <b>MAILING ADDRESS</b><br>4000 TUMBLEWEED TRAIL                                                                                                                                |                    |                               | <b>Date (month, day, year)</b><br>07/18/2022<br><br><b>Amount</b><br>1000.00                                                                                   |                          |
| <b>MAILING ADDRESS</b><br>                                                                                                                                                     |                    |                               | <b>Transaction ID : TX2702653</b>                                                                                                                              |                          |
| <b>CITY</b><br>MIDLAND                                                                                                                                                         | <b>STATE</b><br>TX | <b>ZIP CODE</b><br>79707-4017 | <b>Occupation</b><br>RETIRED                                                                                                                                   |                          |
| <b>D. FULL NAME</b><br>                                                                                                                                                        |                    |                               | <b>Name of Employer</b><br>                                                                                                                                    |                          |
| <b>MAILING ADDRESS</b><br>                                                                                                                                                     |                    |                               | <b>Date (month, day, year)</b><br>                                                                                                                             |                          |
| <b>CITY</b>                                                                                                                                                                    | <b>STATE</b>       | <b>ZIP CODE</b>               | <b>Amount</b><br>                                                                                                                                              |                          |
| <b>E. FULL NAME</b><br>                                                                                                                                                        |                    |                               | <b>Name of Employer</b><br>                                                                                                                                    |                          |
| <b>MAILING ADDRESS</b><br>                                                                                                                                                     |                    |                               | <b>Date (month, day, year)</b><br>                                                                                                                             |                          |
| <b>CITY</b>                                                                                                                                                                    | <b>STATE</b>       | <b>ZIP CODE</b>               | <b>Amount</b><br>                                                                                                                                              |                          |
| <b>SIGNATURE (optional)</b><br>OTTENHOFF, BENJAMIN, , ,                                                                                                                        |                    |                               | <b>DATE</b><br>07/20/2022                                                                                                                                      |                          |
| <b>[Electronically Filed]</b>                                                                                                                                                  |                    |                               | <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 |                          |

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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)