

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 FINSTAD FOR CONGRESS																						
ADDRESS (number and street) PO BOX 923																						
CITY NEW ULM		STATE MN		ZIP CODE 56073-0923																		
2. NAME OF CANDIDATE FINSTAD, BRAD, , ,			3. OFFICE SOUGHT (State and District) House MN 01																			
4. FEC IDENTIFICATION NUMBER C00807743																						
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____																						
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SIGNATURE (optional) DATWYLER, THOMAS, , ,			DATE 07/31/2022		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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A. FULL NAME, MAILING ADDRESS AND ZIP CODE ABRAHAM LINCOLN PAC 824 S MILLEDGE AVE, STE 101 ATHENS GA 30605			
Name of Employer		Date (month, day, year)	Amount
		07/29/2022	2000.00
Transaction ID : 677851D3254E749E6AAA			
Occupation			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE THE HOME DEPOT INC. PAC 1155 F ST NW STE 400 WASHINGTON DC 20004-1346			
Name of Employer		Date (month, day, year)	Amount
		07/29/2022	5000.00
Transaction ID : 6CC56DA94474C476286A			
Occupation			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE FOWKE, BEN, , , 75 CLAY CLIFFE TONKA BAY MN 55331			
Name of Employer		Date (month, day, year)	Amount
RETIRED		07/30/2022	1000.00
Transaction ID : 6AF37058205444DDE93B			
Occupation			
RETIRED			
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			
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Occupation			

continuation page