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
J.R. MAJEWSKI FOR CONGRESS

ADDRESS (number and street) 3055 W. ELMORE RD

CITY	STATE	ZIP CODE
PORT CLINTON	OH	43452

2. NAME OF CANDIDATE
MAJEWSKI, J R, , ,

3. OFFICE SOUGHT (State and District)
House OH 09

4. FEC IDENTIFICATION NUMBER
C00770636

5. IS THIS AN AMENDMENT? [X] NO, THIS IS A NEW FILING [ ] YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____

A. FULL NAME TARTELL, PAUL, , , **MAILING ADDRESS** 640 NORTH ISLAND RD **CITY** / **STATE** / **ZIP CODE** GOLDEN BEACH / FL / 33160	Name of Employer RETIRED **Transaction ID : 640C3A1B632F1475F** Occupation RETIRED	Date (month, day, year) 11/07/2022	Amount 1000.00
B. FULL NAME ODONNELL, PHILIP, , , **MAILING ADDRESS** 8651 FOX CHASE LN **CITY** / **STATE** / **ZIP CODE** DEFIANCE / OH / 43512-6771	Name of Employer PROMEDICA **Transaction ID : 66F572A7795144DB9** Occupation PHYSICIAN	Date (month, day, year) 11/07/2022	Amount 1000.00
C. FULL NAME CAMPAIGN FOR WORKING FAMILIES PAC **MAILING ADDRESS** 2800 SHIRLINGTON RD SUITE 930 **CITY** / **STATE** / **ZIP CODE** ARLINGTON / VA / 22206	Name of Employer **Transaction ID : 6094EA7735A034FA9** Occupation	Date (month, day, year) 11/07/2022	Amount 1000.00
D. FULL NAME **MAILING ADDRESS** **CITY** / **STATE** / **ZIP CODE**	Name of Employer Occupation	Date (month, day, year)	Amount
E. FULL NAME **MAILING ADDRESS** **CITY** / **STATE** / **ZIP CODE**	Name of Employer Occupation	Date (month, day, year)	Amount

SIGNATURE (optional)
TARNOWSKI, SEAN, , ,
[Electronically Filed]

DATE
11/09/2022

For further information contact:
Federal Election Commission
999 E Street, NW, Washington, DC 20463
Toll Free 800-424-9530, Local 202-694-1100

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FEC FORM 6
(Revised 03/2016)