

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 Max Miller for Congress																					
ADDRESS (number and street) 19525 Hilliard Blvd #16010																					
CITY Rocky River		STATE OH		ZIP CODE 44116																	
2. NAME OF CANDIDATE Miller, Max, , ,			3. OFFICE SOUGHT (State and District) House OH 07																		
4. FEC IDENTIFICATION NUMBER C00770818																					
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> A. FULL NAME Taylor, Kenneth, E., Mr., </td> <td colspan="2"> Name of Employer Ohio CAT </td> <td rowspan="3"> Date (month, day, year) 11/01/2022 </td> <td rowspan="3"> Amount 2900.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 19510 Argyle Oval </td> <td colspan="2"> Transaction ID : 685DFF46EE1E649EE </td> </tr> <tr> <td> CITY Rocky River </td> <td> STATE OH </td> <td> ZIP CODE 44116-1604 </td> <td colspan="2"> Occupation Executive </td> </tr> </table>					A. FULL NAME Taylor, Kenneth, E., Mr.,			Name of Employer Ohio CAT		Date (month, day, year) 11/01/2022	Amount 2900.00	MAILING ADDRESS 19510 Argyle Oval			Transaction ID : 685DFF46EE1E649EE		CITY Rocky River	STATE OH	ZIP CODE 44116-1604	Occupation Executive	
A. FULL NAME Taylor, Kenneth, E., Mr.,			Name of Employer Ohio CAT		Date (month, day, year) 11/01/2022	Amount 2900.00															
MAILING ADDRESS 19510 Argyle Oval			Transaction ID : 685DFF46EE1E649EE																		
CITY Rocky River	STATE OH	ZIP CODE 44116-1604	Occupation Executive																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> B. FULL NAME </td> <td colspan="2"> Name of Employer </td> <td rowspan="3"> Date (month, day, year) </td> <td rowspan="3"> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td colspan="2"></td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td colspan="2"> Occupation </td> </tr> </table>					B. FULL NAME			Name of Employer		Date (month, day, year)	Amount	MAILING ADDRESS					CITY	STATE	ZIP CODE	Occupation	
B. FULL NAME			Name of Employer		Date (month, day, year)	Amount															
MAILING ADDRESS																					
CITY	STATE	ZIP CODE	Occupation																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> C. FULL NAME </td> <td colspan="2"> Name of Employer </td> <td rowspan="3"> Date (month, day, year) </td> <td rowspan="3"> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td colspan="2"></td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td colspan="2"> Occupation </td> </tr> </table>					C. FULL NAME			Name of Employer		Date (month, day, year)	Amount	MAILING ADDRESS					CITY	STATE	ZIP CODE	Occupation	
C. FULL NAME			Name of Employer		Date (month, day, year)	Amount															
MAILING ADDRESS																					
CITY	STATE	ZIP CODE	Occupation																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> D. FULL NAME </td> <td colspan="2"> Name of Employer </td> <td rowspan="3"> Date (month, day, year) </td> <td rowspan="3"> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td colspan="2"></td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td colspan="2"> Occupation </td> </tr> </table>					D. FULL NAME			Name of Employer		Date (month, day, year)	Amount	MAILING ADDRESS					CITY	STATE	ZIP CODE	Occupation	
D. FULL NAME			Name of Employer		Date (month, day, year)	Amount															
MAILING ADDRESS																					
CITY	STATE	ZIP CODE	Occupation																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> E. FULL NAME </td> <td colspan="2"> Name of Employer </td> <td rowspan="3"> Date (month, day, year) </td> <td rowspan="3"> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td colspan="2"></td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td colspan="2"> Occupation </td> </tr> </table>					E. FULL NAME			Name of Employer		Date (month, day, year)	Amount	MAILING ADDRESS					CITY	STATE	ZIP CODE	Occupation	
E. FULL NAME			Name of Employer		Date (month, day, year)	Amount															
MAILING ADDRESS																					
CITY	STATE	ZIP CODE	Occupation																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4"> SIGNATURE (optional) Kilgore, Paul, , , </td> <td> DATE 11/02/2022 </td> <td colspan="2"> For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100 </td> </tr> <tr> <td colspan="4" style="text-align: center;"> [Electronically Filed] </td> <td></td> <td colspan="2"></td> </tr> </table>					SIGNATURE (optional) Kilgore, Paul, , ,				DATE 11/02/2022	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]									
SIGNATURE (optional) Kilgore, Paul, , ,				DATE 11/02/2022	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)