

# 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>MARY MILLER FOR CONGRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                             |                                         |                                             |                                                                                                                                                                |  |                             |                                       |                   |                                                 |  |  |                                         |  |  |                         |                    |                               |                       |  |  |
| <b>ADDRESS</b> (number and street) 23326 E COUNTY ROAD 1960 N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                             |                                         |                                             |                                                                                                                                                                |  |                             |                                       |                   |                                                 |  |  |                                         |  |  |                         |                    |                               |                       |  |  |
| <b>CITY</b><br>OAKLAND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>STATE</b><br>IL | <b>ZIP CODE</b><br>61943                                    |                                         |                                             |                                                                                                                                                                |  |                             |                                       |                   |                                                 |  |  |                                         |  |  |                         |                    |                               |                       |  |  |
| <b>2. NAME OF CANDIDATE</b><br>MILLER, MARY, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House IL 15 |                                         |                                             |                                                                                                                                                                |  |                             |                                       |                   |                                                 |  |  |                                         |  |  |                         |                    |                               |                       |  |  |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00723916                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                                                             |                                         |                                             |                                                                                                                                                                |  |                             |                                       |                   |                                                 |  |  |                                         |  |  |                         |                    |                               |                       |  |  |
| <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 ____ / ____ / ____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                             |                                         |                                             |                                                                                                                                                                |  |                             |                                       |                   |                                                 |  |  |                                         |  |  |                         |                    |                               |                       |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> <b>A. FULL NAME</b><br/>BAKER, WILLIAM, G, ,         </td> <td style="padding: 5px;">           Name of Employer<br/>RETIRED         </td> <td style="padding: 5px;">           Date (month, day, year)<br/>10/27/2022         </td> <td style="padding: 5px;">           Amount<br/>2000.00         </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <b>MAILING ADDRESS</b><br/>6311 W SHANNON STREET         </td> <td colspan="3" style="padding: 5px;"> <b>Transaction ID : RKW3G3BFN43GCNV</b> </td> </tr> <tr> <td style="padding: 5px;"> <b>CITY</b><br/>CHANDLER         </td> <td style="padding: 5px;"> <b>STATE</b><br/>AZ         </td> <td style="padding: 5px;"> <b>ZIP CODE</b><br/>85226-5885         </td> <td style="padding: 5px;">           Occupation<br/>RETIRED         </td> <td colspan="2"></td> </tr> </table> |                    |                                                             |                                         | <b>A. FULL NAME</b><br>BAKER, WILLIAM, G, , |                                                                                                                                                                |  | Name of Employer<br>RETIRED | Date (month, day, year)<br>10/27/2022 | Amount<br>2000.00 | <b>MAILING ADDRESS</b><br>6311 W SHANNON STREET |  |  | <b>Transaction ID : RKW3G3BFN43GCNV</b> |  |  | <b>CITY</b><br>CHANDLER | <b>STATE</b><br>AZ | <b>ZIP CODE</b><br>85226-5885 | Occupation<br>RETIRED |  |  |
| <b>A. FULL NAME</b><br>BAKER, WILLIAM, G, ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                             | Name of Employer<br>RETIRED             | Date (month, day, year)<br>10/27/2022       | Amount<br>2000.00                                                                                                                                              |  |                             |                                       |                   |                                                 |  |  |                                         |  |  |                         |                    |                               |                       |  |  |
| <b>MAILING ADDRESS</b><br>6311 W SHANNON STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                             | <b>Transaction ID : RKW3G3BFN43GCNV</b> |                                             |                                                                                                                                                                |  |                             |                                       |                   |                                                 |  |  |                                         |  |  |                         |                    |                               |                       |  |  |
| <b>CITY</b><br>CHANDLER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>STATE</b><br>AZ | <b>ZIP CODE</b><br>85226-5885                               | Occupation<br>RETIRED                   |                                             |                                                                                                                                                                |  |                             |                                       |                   |                                                 |  |  |                                         |  |  |                         |                    |                               |                       |  |  |
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| <b>B. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                                             | Name of Employer                        | Date (month, day, year)                     | Amount                                                                                                                                                         |  |                             |                                       |                   |                                                 |  |  |                                         |  |  |                         |                    |                               |                       |  |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                                                             |                                         |                                             |                                                                                                                                                                |  |                             |                                       |                   |                                                 |  |  |                                         |  |  |                         |                    |                               |                       |  |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>STATE</b>       | <b>ZIP CODE</b>                                             | Occupation                              |                                             |                                                                                                                                                                |  |                             |                                       |                   |                                                 |  |  |                                         |  |  |                         |                    |                               |                       |  |  |
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| <b>C. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                                             | Name of Employer                        | Date (month, day, year)                     | Amount                                                                                                                                                         |  |                             |                                       |                   |                                                 |  |  |                                         |  |  |                         |                    |                               |                       |  |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                                                             |                                         |                                             |                                                                                                                                                                |  |                             |                                       |                   |                                                 |  |  |                                         |  |  |                         |                    |                               |                       |  |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>STATE</b>       | <b>ZIP CODE</b>                                             | Occupation                              |                                             |                                                                                                                                                                |  |                             |                                       |                   |                                                 |  |  |                                         |  |  |                         |                    |                               |                       |  |  |
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| <b>D. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                                             | Name of Employer                        | Date (month, day, year)                     | Amount                                                                                                                                                         |  |                             |                                       |                   |                                                 |  |  |                                         |  |  |                         |                    |                               |                       |  |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                                                             |                                         |                                             |                                                                                                                                                                |  |                             |                                       |                   |                                                 |  |  |                                         |  |  |                         |                    |                               |                       |  |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>STATE</b>       | <b>ZIP CODE</b>                                             | Occupation                              |                                             |                                                                                                                                                                |  |                             |                                       |                   |                                                 |  |  |                                         |  |  |                         |                    |                               |                       |  |  |
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| <b>E. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                                             | Name of Employer                        | Date (month, day, year)                     | Amount                                                                                                                                                         |  |                             |                                       |                   |                                                 |  |  |                                         |  |  |                         |                    |                               |                       |  |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                                                             |                                         |                                             |                                                                                                                                                                |  |                             |                                       |                   |                                                 |  |  |                                         |  |  |                         |                    |                               |                       |  |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>STATE</b>       | <b>ZIP CODE</b>                                             | Occupation                              |                                             |                                                                                                                                                                |  |                             |                                       |                   |                                                 |  |  |                                         |  |  |                         |                    |                               |                       |  |  |
| <b>SIGNATURE (optional)</b><br>BOLES, JASON, D, ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                                             | <b>DATE</b><br>10/28/2022               |                                             | <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 |  |                             |                                       |                   |                                                 |  |  |                                         |  |  |                         |                    |                               |                       |  |  |
| <b>[Electronically Filed]</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                             |                                         |                                             |                                                                                                                                                                |  |                             |                                       |                   |                                                 |  |  |                                         |  |  |                         |                    |                               |                       |  |  |

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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)