

# 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>Chrissy Houlahan for Congress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |                                                             |                                                |                                                  |                                                                                                                                                                |                       |  |                                                |  |                                           |                       |                                            |  |  |                              |  |                    |             |                        |                        |  |
| ADDRESS (number and street) PO Box 222                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                                                             |                                                |                                                  |                                                                                                                                                                |                       |  |                                                |  |                                           |                       |                                            |  |  |                              |  |                    |             |                        |                        |  |
| CITY<br>Devon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             | STATE<br>PA                                                 |                                                | ZIP CODE<br>19333                                |                                                                                                                                                                |                       |  |                                                |  |                                           |                       |                                            |  |  |                              |  |                    |             |                        |                        |  |
| <b>2. NAME OF CANDIDATE</b><br>Houlahan, Chrissy, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             | <b>3. OFFICE SOUGHT</b> (State and District)<br>House PA 06 |                                                | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00637371 |                                                                                                                                                                |                       |  |                                                |  |                                           |                       |                                            |  |  |                              |  |                    |             |                        |                        |  |
| <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"><b>A. FULL NAME</b><br/>Haberfeld, Louise, , ,</td> <td colspan="2">Name of Employer<br/>Not Employed</td> <td rowspan="3">Date (month, day, year)<br/><br/>10/27/2022</td> <td rowspan="3">Amount<br/><br/>2900.00</td> </tr> <tr> <td colspan="3">MAILING ADDRESS<br/>PO Box 13015</td> <td colspan="2">Transaction ID : VTEE3YWEQX4</td> </tr> <tr> <td>CITY<br/>Jackson</td> <td>STATE<br/>WY</td> <td>ZIP CODE<br/>83002-3015</td> <td colspan="2">Occupation<br/>Retired</td> </tr> </table>               |             |                                                             |                                                |                                                  | <b>A. FULL NAME</b><br>Haberfeld, Louise, , ,                                                                                                                  |                       |  | Name of Employer<br>Not Employed               |  | Date (month, day, year)<br><br>10/27/2022 | Amount<br><br>2900.00 | MAILING ADDRESS<br>PO Box 13015            |  |  | Transaction ID : VTEE3YWEQX4 |  | CITY<br>Jackson    | STATE<br>WY | ZIP CODE<br>83002-3015 | Occupation<br>Retired  |  |
| <b>A. FULL NAME</b><br>Haberfeld, Louise, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                                                             | Name of Employer<br>Not Employed               |                                                  | Date (month, day, year)<br><br>10/27/2022                                                                                                                      | Amount<br><br>2900.00 |  |                                                |  |                                           |                       |                                            |  |  |                              |  |                    |             |                        |                        |  |
| MAILING ADDRESS<br>PO Box 13015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                                                             | Transaction ID : VTEE3YWEQX4                   |                                                  |                                                                                                                                                                |                       |  |                                                |  |                                           |                       |                                            |  |  |                              |  |                    |             |                        |                        |  |
| CITY<br>Jackson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STATE<br>WY | ZIP CODE<br>83002-3015                                      | Occupation<br>Retired                          |                                                  |                                                                                                                                                                |                       |  |                                                |  |                                           |                       |                                            |  |  |                              |  |                    |             |                        |                        |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"><b>B. FULL NAME</b><br/>Haberfeld, Ralph, , ,</td> <td colspan="2">Name of Employer<br/>Haberfeld Associates, Inc.</td> <td rowspan="3">Date (month, day, year)<br/><br/>10/27/2022</td> <td rowspan="3">Amount<br/><br/>2900.00</td> </tr> <tr> <td colspan="3">MAILING ADDRESS<br/>PO Box 13015</td> <td colspan="2">Transaction ID : VTEE3YWEQY2</td> </tr> <tr> <td>CITY<br/>Jackson</td> <td>STATE<br/>WY</td> <td>ZIP CODE<br/>83002-3015</td> <td colspan="2">Occupation<br/>Chairman</td> </tr> </table> |             |                                                             |                                                |                                                  | <b>B. FULL NAME</b><br>Haberfeld, Ralph, , ,                                                                                                                   |                       |  | Name of Employer<br>Haberfeld Associates, Inc. |  | Date (month, day, year)<br><br>10/27/2022 | Amount<br><br>2900.00 | MAILING ADDRESS<br>PO Box 13015            |  |  | Transaction ID : VTEE3YWEQY2 |  | CITY<br>Jackson    | STATE<br>WY | ZIP CODE<br>83002-3015 | Occupation<br>Chairman |  |
| <b>B. FULL NAME</b><br>Haberfeld, Ralph, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                                                             | Name of Employer<br>Haberfeld Associates, Inc. |                                                  | Date (month, day, year)<br><br>10/27/2022                                                                                                                      | Amount<br><br>2900.00 |  |                                                |  |                                           |                       |                                            |  |  |                              |  |                    |             |                        |                        |  |
| MAILING ADDRESS<br>PO Box 13015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                                                             | Transaction ID : VTEE3YWEQY2                   |                                                  |                                                                                                                                                                |                       |  |                                                |  |                                           |                       |                                            |  |  |                              |  |                    |             |                        |                        |  |
| CITY<br>Jackson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STATE<br>WY | ZIP CODE<br>83002-3015                                      | Occupation<br>Chairman                         |                                                  |                                                                                                                                                                |                       |  |                                                |  |                                           |                       |                                            |  |  |                              |  |                    |             |                        |                        |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"><b>C. FULL NAME</b><br/>NATIONAL ASSOCIATION OF POSTAL SUPERVISORS PAC</td> <td colspan="2">Name of Employer</td> <td rowspan="3">Date (month, day, year)<br/><br/>10/27/2022</td> <td rowspan="3">Amount<br/><br/>1000.00</td> </tr> <tr> <td colspan="3">MAILING ADDRESS<br/>1727 King St<br/>Ste 400</td> <td colspan="2">Transaction ID : VTEE3YWEQS3</td> </tr> <tr> <td>CITY<br/>Alexandria</td> <td>STATE<br/>VA</td> <td>ZIP CODE<br/>22314-2700</td> <td colspan="2">Occupation</td> </tr> </table>     |             |                                                             |                                                |                                                  | <b>C. FULL NAME</b><br>NATIONAL ASSOCIATION OF POSTAL SUPERVISORS PAC                                                                                          |                       |  | Name of Employer                               |  | Date (month, day, year)<br><br>10/27/2022 | Amount<br><br>1000.00 | MAILING ADDRESS<br>1727 King St<br>Ste 400 |  |  | Transaction ID : VTEE3YWEQS3 |  | CITY<br>Alexandria | STATE<br>VA | ZIP CODE<br>22314-2700 | Occupation             |  |
| <b>C. FULL NAME</b><br>NATIONAL ASSOCIATION OF POSTAL SUPERVISORS PAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |                                                             | Name of Employer                               |                                                  | Date (month, day, year)<br><br>10/27/2022                                                                                                                      | Amount<br><br>1000.00 |  |                                                |  |                                           |                       |                                            |  |  |                              |  |                    |             |                        |                        |  |
| MAILING ADDRESS<br>1727 King St<br>Ste 400                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                                                             | Transaction ID : VTEE3YWEQS3                   |                                                  |                                                                                                                                                                |                       |  |                                                |  |                                           |                       |                                            |  |  |                              |  |                    |             |                        |                        |  |
| CITY<br>Alexandria                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STATE<br>VA | ZIP CODE<br>22314-2700                                      | Occupation                                     |                                                  |                                                                                                                                                                |                       |  |                                                |  |                                           |                       |                                            |  |  |                              |  |                    |             |                        |                        |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"><b>D. FULL NAME</b></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>D. FULL NAME</b>                                                                                                                                            |                       |  | Name of Employer                               |  | Date (month, day, year)                   | Amount                | MAILING ADDRESS                            |  |  |                              |  | CITY               | STATE       | ZIP CODE               | Occupation             |  |
| <b>D. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                                                             | 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"><b>E. FULL NAME</b></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>E. FULL NAME</b>                                                                                                                                            |                       |  | Name of Employer                               |  | Date (month, day, year)                   | Amount                | MAILING ADDRESS                            |  |  |                              |  | CITY               | STATE       | ZIP CODE               | Occupation             |  |
| <b>E. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                                                             | Name of Employer                               |                                                  | Date (month, day, year)                                                                                                                                        | Amount                |  |                                                |  |                                           |                       |                                            |  |  |                              |  |                    |             |                        |                        |  |
| MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                                                             |                                                |                                                  |                                                                                                                                                                |                       |  |                                                |  |                                           |                       |                                            |  |  |                              |  |                    |             |                        |                        |  |
| CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STATE       | ZIP CODE                                                    | Occupation                                     |                                                  |                                                                                                                                                                |                       |  |                                                |  |                                           |                       |                                            |  |  |                              |  |                    |             |                        |                        |  |
| SIGNATURE (optional)<br>Janelli, Steven, , ,<br><br><div style="text-align: right;">[Electronically Filed]</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |                                                             |                                                | DATE<br>10/29/2022                               | <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 |                       |  |                                                |  |                                           |                       |                                            |  |  |                              |  |                    |             |                        |                        |  |

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

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)