

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 Tom Barrett for Congress				
ADDRESS (number and street) PO Box 15221				
CITY Lansing		STATE MI		ZIP CODE 48901-5221
2. NAME OF CANDIDATE Barrett, Thomas, More, ,			3. OFFICE SOUGHT (State and District) House MI 07	
4. FEC IDENTIFICATION NUMBER C00793976				
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____				

A. FULL NAME Hinman, Roy, , ,			Name of Employer retired		Date (month, day, year) 11/05/2022	Amount 2900.00
MAILING ADDRESS 100 Arricola Ave			Transaction ID : 652822E7AA823411A			
CITY Saint Augustine	STATE FL	ZIP CODE 32080-4515	Occupation retired			
B. FULL NAME Marshall, John, , ,			Name of Employer retired		Date (month, day, year) 11/05/2022	Amount 1400.00
MAILING ADDRESS 136 Moorings Park Dr			Transaction ID : 699EE36F2235743BE			
CITY Naples	STATE FL	ZIP CODE 34105-2995	Occupation retired			
C. FULL NAME Beatty, Craig, , ,			Name of Employer CS Beatty Construction		Date (month, day, year) 11/05/2022	Amount 1000.00
MAILING ADDRESS 2129 Richard Arrington Jr Blvd S			Transaction ID : 6B452A632EF3F4B5E			
CITY Birmingham	STATE AL	ZIP CODE 35209-1256	Occupation CONSTRUCTION			
D. FULL NAME Fons, Craig, , ,			Name of Employer Def Recycling Inc		Date (month, day, year) 11/05/2022	Amount 1000.00
MAILING ADDRESS 4650 Edinburgh Dr			Transaction ID : 653AD78649F5B40B5			
CITY Howell	STATE MI	ZIP CODE 48843-8635	Occupation Construction Aggregates			
E. FULL NAME Messenger, Andrew, , ,			Name of Employer clinton co medical center		Date (month, day, year) 11/05/2022	Amount 1000.00
MAILING ADDRESS 1005 S US Highway 27			Transaction ID : 68A83AF0443AB43C			
CITY Saint Johns	STATE MI	ZIP CODE 48879-2423	Occupation MEDICAL			
SIGNATURE (optional) Wholihan, Daniel, , ,				DATE 11/07/2022		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]						

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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)

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE Fons, Carol, , , 4650 Edinburgh Dr Howell MI 48843-8635	Name of Employer Homemaker Transaction ID : 61A2B400DCA5A4E719AE Occupation Homemaker	Date (month, day, year) 11/05/2022	Amount 1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Vicky Pac PO Box 172 Harrisonville MO 64701-0172	Name of Employer Transaction ID : 68C8400DA2B974E65B7E Occupation	Date (month, day, year) 11/05/2022	Amount 1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE UWM Federal PAC 585 South Blvd Pontiac MI 48341	Name of Employer Transaction ID : 6F8954D50870744FFAA5 Occupation	Date (month, day, year) 11/05/2022	Amount 1000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Miller-meeks For Congress PO BOX 33 Ottumwa IA 52501	Name of Employer Transaction ID : 6EDD816AE20614E67930 Occupation	Date (month, day, year) 11/05/2022	Amount 2000.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Dependable Conservatives Leadership PAC 824 Milledge Cir Ste 101 Athens GA 30606	Name of Employer Transaction ID : 61C4857B0CA834BFBA00 Occupation	Date (month, day, year) 11/05/2022	Amount 1000.00

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE Working For Ohio 228 S Washington St Ste 115 Alexandria VA 22314-5404			
Name of Employer Transaction ID : 618EF8096EADC4673A1D Occupation		Date (month, day, year) 11/05/2022 Amount 3000.00	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer Occupation		Date (month, day, year) Amount	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer Occupation		Date (month, day, year) Amount	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer Occupation		Date (month, day, year) Amount	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer Occupation		Date (month, day, year) Amount	