

# 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<br><b>MARY MILLER FOR CONGRESS</b>                                                                                                         |             |                                                      |                                                                                                                                                         |
| ADDRESS (number and street) 23326 E COUNTY ROAD 1960 N                                                                                                                  |             |                                                      |                                                                                                                                                         |
| CITY<br>OAKLAND                                                                                                                                                         | STATE<br>IL | ZIP CODE<br>61943                                    |                                                                                                                                                         |
| 2. NAME OF CANDIDATE<br>MILLER, MARY, , ,                                                                                                                               |             | 3. OFFICE SOUGHT (State and District)<br>House IL 15 | 4. FEC IDENTIFICATION NUMBER<br>C00723916                                                                                                               |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |             |                                                      |                                                                                                                                                         |
| A. FULL NAME<br><b>BERRY, GRAHAM, , MR,</b>                                                                                                                             |             | Name of Employer<br>SELF EMPLOYED                    | Date (month, day, year)<br>06/23/2022                                                                                                                   |
| MAILING ADDRESS<br>3805 N HIGH CROSS RD                                                                                                                                 |             | Transaction ID : R58PERFBGDA2J48.                    | Amount<br>1000.00                                                                                                                                       |
| CITY<br>URBANA                                                                                                                                                          | STATE<br>IL | ZIP CODE<br>61802-9749                               | Occupation<br>SELF EMPLOYED                                                                                                                             |
| B. FULL NAME<br>NATIONAL CATTLEMENT'S BEEF ASSOCIATION PAC (NCBA-PAC)                                                                                                   |             | Name of Employer                                     | Date (month, day, year)<br>06/23/2022                                                                                                                   |
| MAILING ADDRESS<br>1275 PENNSYLVANIA AVENUE NW<br>SUITE 801                                                                                                             |             | Transaction ID : RFJVNYWQ9Q2VSN                      | Amount<br>5000.00                                                                                                                                       |
| CITY<br>WASHINGTON                                                                                                                                                      | STATE<br>DC | ZIP CODE<br>20004                                    | Occupation                                                                                                                                              |
| C. FULL NAME<br><b>WINRED PAC</b>                                                                                                                                       |             | Name of Employer                                     | Date (month, day, year)<br>06/23/2022                                                                                                                   |
| MAILING ADDRESS<br>PO BOX 9891                                                                                                                                          |             | Transaction ID : RHXHD42ZS69TPR5                     | Amount<br>1705.00                                                                                                                                       |
| CITY<br>ARLINGTON                                                                                                                                                       | STATE<br>VA | ZIP CODE<br>22219                                    | Occupation                                                                                                                                              |
| D. FULL NAME                                                                                                                                                            |             | Name of Employer                                     | Date (month, day, year)                                                                                                                                 |
| MAILING ADDRESS                                                                                                                                                         |             |                                                      | Amount                                                                                                                                                  |
| CITY                                                                                                                                                                    | STATE       | ZIP CODE                                             | Occupation                                                                                                                                              |
| E. FULL NAME                                                                                                                                                            |             | Name of Employer                                     | Date (month, day, year)                                                                                                                                 |
| MAILING ADDRESS                                                                                                                                                         |             |                                                      | Amount                                                                                                                                                  |
| CITY                                                                                                                                                                    | STATE       | ZIP CODE                                             | Occupation                                                                                                                                              |
| SIGNATURE (optional)<br>BOLES, JASON, D, ,                                                                                                                              |             | DATE<br>06/24/2022                                   | For further information contact:<br>Federal Election Commission<br>999 E Street, NW, Washington, DC 20463<br>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)