

# 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>Houchin for Congress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                               |                                                             |                               |                                                                                                                                                                |  |                   |                                         |  |                                                                                                                                                                |  |                   |  |                                                    |  |  |                                           |  |  |  |  |  |                             |                    |                               |                         |  |  |  |  |  |
| ADDRESS (number and street) PO Box 234                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                               |                                                             |                               |                                                                                                                                                                |  |                   |                                         |  |                                                                                                                                                                |  |                   |  |                                                    |  |  |                                           |  |  |  |  |  |                             |                    |                               |                         |  |  |  |  |  |
| <b>CITY</b><br>Salem                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    | <b>STATE</b><br>IN            |                                                             | <b>ZIP CODE</b><br>47167-0234 |                                                                                                                                                                |  |                   |                                         |  |                                                                                                                                                                |  |                   |  |                                                    |  |  |                                           |  |  |  |  |  |                             |                    |                               |                         |  |  |  |  |  |
| <b>2. NAME OF CANDIDATE</b><br>Houchin, Erin, , Hon.,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                               | <b>3. OFFICE SOUGHT</b> (State and District)<br>House IN 09 |                               |                                                                                                                                                                |  |                   |                                         |  |                                                                                                                                                                |  |                   |  |                                                    |  |  |                                           |  |  |  |  |  |                             |                    |                               |                         |  |  |  |  |  |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00800649                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                               |                                                             |                               |                                                                                                                                                                |  |                   |                                         |  |                                                                                                                                                                |  |                   |  |                                                    |  |  |                                           |  |  |  |  |  |                             |                    |                               |                         |  |  |  |  |  |
| <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/>           Schahet, Gary, N., Mr.,         </td> <td colspan="2">           Name of Employer<br/>           Schahet Hotels, Inc         </td> <td colspan="2">           Date (month, day, year)<br/>           10/24/2022         </td> <td colspan="2">           Amount<br/>           1000.00         </td> </tr> <tr> <td colspan="3">           MAILING ADDRESS<br/>           9333 N. Meridian St., Suite 203         </td> <td colspan="2"> <b>Transaction ID : 60C4DAC3F66F24AD</b> </td> <td colspan="2" rowspan="2"></td> <td colspan="2" rowspan="2"></td> </tr> <tr> <td> <b>CITY</b><br/>           Indianapolis         </td> <td> <b>STATE</b><br/>           IN         </td> <td> <b>ZIP CODE</b><br/>           46260         </td> <td colspan="2">           Occupation<br/>           Executive         </td> </tr> </table> |                    |                               |                                                             |                               | <b>A. FULL NAME</b><br>Schahet, Gary, N., Mr.,                                                                                                                 |  |                   | Name of Employer<br>Schahet Hotels, Inc |  | Date (month, day, year)<br>10/24/2022                                                                                                                          |  | Amount<br>1000.00 |  | MAILING ADDRESS<br>9333 N. Meridian St., Suite 203 |  |  | <b>Transaction ID : 60C4DAC3F66F24AD</b>  |  |  |  |  |  | <b>CITY</b><br>Indianapolis | <b>STATE</b><br>IN | <b>ZIP CODE</b><br>46260      | Occupation<br>Executive |  |  |  |  |  |
| <b>A. FULL NAME</b><br>Schahet, Gary, N., Mr.,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                               | Name of Employer<br>Schahet Hotels, Inc                     |                               | Date (month, day, year)<br>10/24/2022                                                                                                                          |  | Amount<br>1000.00 |                                         |  |                                                                                                                                                                |  |                   |  |                                                    |  |  |                                           |  |  |  |  |  |                             |                    |                               |                         |  |  |  |  |  |
| MAILING ADDRESS<br>9333 N. Meridian St., Suite 203                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                               | <b>Transaction ID : 60C4DAC3F66F24AD</b>                    |                               |                                                                                                                                                                |  |                   |                                         |  |                                                                                                                                                                |  |                   |  |                                                    |  |  |                                           |  |  |  |  |  |                             |                    |                               |                         |  |  |  |  |  |
| <b>CITY</b><br>Indianapolis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>STATE</b><br>IN | <b>ZIP CODE</b><br>46260      | Occupation<br>Executive                                     |                               |                                                                                                                                                                |  |                   |                                         |  |                                                                                                                                                                |  |                   |  |                                                    |  |  |                                           |  |  |  |  |  |                             |                    |                               |                         |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> <b>B. FULL NAME</b><br/>           Charter Communications Inc. PAC         </td> <td colspan="2">           Name of Employer         </td> <td colspan="2">           Date (month, day, year)<br/>           10/25/2022         </td> <td colspan="2">           Amount<br/>           5000.00         </td> </tr> <tr> <td colspan="3">           MAILING ADDRESS<br/>           400 Atlantic St<br/>           Fl 10         </td> <td colspan="2"> <b>Transaction ID : 6414D5FC94C014AE6</b> </td> <td colspan="2" rowspan="2"></td> <td colspan="2" rowspan="2"></td> </tr> <tr> <td> <b>CITY</b><br/>           Stamford         </td> <td> <b>STATE</b><br/>           CT         </td> <td> <b>ZIP CODE</b><br/>           06901-3512         </td> <td colspan="2">           Occupation         </td> </tr> </table>                                              |                    |                               |                                                             |                               | <b>B. FULL NAME</b><br>Charter Communications Inc. PAC                                                                                                         |  |                   | Name of Employer                        |  | Date (month, day, year)<br>10/25/2022                                                                                                                          |  | Amount<br>5000.00 |  | MAILING ADDRESS<br>400 Atlantic St<br>Fl 10        |  |  | <b>Transaction ID : 6414D5FC94C014AE6</b> |  |  |  |  |  | <b>CITY</b><br>Stamford     | <b>STATE</b><br>CT | <b>ZIP CODE</b><br>06901-3512 | Occupation              |  |  |  |  |  |
| <b>B. FULL NAME</b><br>Charter Communications Inc. PAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                               | Name of Employer                                            |                               | Date (month, day, year)<br>10/25/2022                                                                                                                          |  | Amount<br>5000.00 |                                         |  |                                                                                                                                                                |  |                   |  |                                                    |  |  |                                           |  |  |  |  |  |                             |                    |                               |                         |  |  |  |  |  |
| MAILING ADDRESS<br>400 Atlantic St<br>Fl 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                               | <b>Transaction ID : 6414D5FC94C014AE6</b>                   |                               |                                                                                                                                                                |  |                   |                                         |  |                                                                                                                                                                |  |                   |  |                                                    |  |  |                                           |  |  |  |  |  |                             |                    |                               |                         |  |  |  |  |  |
| <b>CITY</b><br>Stamford                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>STATE</b><br>CT | <b>ZIP CODE</b><br>06901-3512 | Occupation                                                  |                               |                                                                                                                                                                |  |                   |                                         |  |                                                                                                                                                                |  |                   |  |                                                    |  |  |                                           |  |  |  |  |  |                             |                    |                               |                         |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> <b>C. FULL NAME</b><br/>           Your Ohio Republican Team         </td> <td colspan="2">           Name of Employer         </td> <td colspan="2">           Date (month, day, year)<br/>           10/26/2022         </td> <td colspan="2">           Amount<br/>           1000.00         </td> </tr> <tr> <td colspan="3">           MAILING ADDRESS<br/>           PO Box 30844         </td> <td colspan="2"> <b>Transaction ID : 6D35F44896C1B4EE6</b> </td> <td colspan="2" rowspan="2"></td> <td colspan="2" rowspan="2"></td> </tr> <tr> <td> <b>CITY</b><br/>           Bethesda         </td> <td> <b>STATE</b><br/>           MD         </td> <td> <b>ZIP CODE</b><br/>           20824-0844         </td> <td colspan="2">           Occupation         </td> </tr> </table>                                                                            |                    |                               |                                                             |                               | <b>C. FULL NAME</b><br>Your Ohio Republican Team                                                                                                               |  |                   | Name of Employer                        |  | Date (month, day, year)<br>10/26/2022                                                                                                                          |  | Amount<br>1000.00 |  | MAILING ADDRESS<br>PO Box 30844                    |  |  | <b>Transaction ID : 6D35F44896C1B4EE6</b> |  |  |  |  |  | <b>CITY</b><br>Bethesda     | <b>STATE</b><br>MD | <b>ZIP CODE</b><br>20824-0844 | Occupation              |  |  |  |  |  |
| <b>C. FULL NAME</b><br>Your Ohio Republican Team                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                               | Name of Employer                                            |                               | Date (month, day, year)<br>10/26/2022                                                                                                                          |  | Amount<br>1000.00 |                                         |  |                                                                                                                                                                |  |                   |  |                                                    |  |  |                                           |  |  |  |  |  |                             |                    |                               |                         |  |  |  |  |  |
| MAILING ADDRESS<br>PO Box 30844                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                               | <b>Transaction ID : 6D35F44896C1B4EE6</b>                   |                               |                                                                                                                                                                |  |                   |                                         |  |                                                                                                                                                                |  |                   |  |                                                    |  |  |                                           |  |  |  |  |  |                             |                    |                               |                         |  |  |  |  |  |
| <b>CITY</b><br>Bethesda                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>STATE</b><br>MD | <b>ZIP CODE</b><br>20824-0844 | Occupation                                                  |                               |                                                                                                                                                                |  |                   |                                         |  |                                                                                                                                                                |  |                   |  |                                                    |  |  |                                           |  |  |  |  |  |                             |                    |                               |                         |  |  |  |  |  |
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| <b>D. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                               | Name of Employer                                            |                               | Date (month, day, year)                                                                                                                                        |  | Amount            |                                         |  |                                                                                                                                                                |  |                   |  |                                                    |  |  |                                           |  |  |  |  |  |                             |                    |                               |                         |  |  |  |  |  |
| MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                               |                                                             |                               |                                                                                                                                                                |  |                   |                                         |  |                                                                                                                                                                |  |                   |  |                                                    |  |  |                                           |  |  |  |  |  |                             |                    |                               |                         |  |  |  |  |  |
| <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            |                                         |  |                                                                                                                                                                |  |                   |  |                                                    |  |  |                                           |  |  |  |  |  |                             |                    |                               |                         |  |  |  |  |  |
| MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                               |                                                             |                               |                                                                                                                                                                |  |                   |                                         |  |                                                                                                                                                                |  |                   |  |                                                    |  |  |                                           |  |  |  |  |  |                             |                    |                               |                         |  |  |  |  |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>STATE</b>       | <b>ZIP CODE</b>               | Occupation                                                  |                               |                                                                                                                                                                |  |                   |                                         |  |                                                                                                                                                                |  |                   |  |                                                    |  |  |                                           |  |  |  |  |  |                             |                    |                               |                         |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> <b>SIGNATURE (optional)</b><br/>           Cross, Mike, , ,         </td> <td colspan="2"> <b>DATE</b><br/>           10/26/2022         </td> <td colspan="4"> <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         </td> </tr> <tr> <td colspan="3" style="text-align: center;"> <b>[Electronically Filed]</b> </td> <td colspan="2"></td> <td colspan="4"></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                    |                    |                               |                                                             |                               | <b>SIGNATURE (optional)</b><br>Cross, Mike, , ,                                                                                                                |  |                   | <b>DATE</b><br>10/26/2022               |  | <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>                      |  |  |                                           |  |  |  |  |  |                             |                    |                               |                         |  |  |  |  |  |
| <b>SIGNATURE (optional)</b><br>Cross, Mike, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                               | <b>DATE</b><br>10/26/2022                                   |                               | <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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**FEC FORM 6**  
(Revised 03/2016)