# 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**
MICHAEL BURGESS FOR CONGRESS

**ADDRESS** (number and street) PO BOX 2334

| CITY | STATE | ZIP CODE |
|---|---|---|
| DENTON | TX | 76202-2334 |

**2. NAME OF CANDIDATE**
BURGESS, MICHAEL, C., DR.,

**3. OFFICE SOUGHT** (State and District)
House TX 26

**4. FEC IDENTIFICATION NUMBER**
C00372532

**5. IS THIS AN AMENDMENT?** [X] NO, THIS IS A NEW FILING [ ] YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____

| | | | | | |
|---|---|---|---|---|---|
| **A. FULL NAME**<br>CALLEWART, CHERYL, , , | | | Name of Employer<br>SELF-EMPLOYED | Date (month, day, year)<br>10/27/2022 | Amount<br>2250.00 |
| **MAILING ADDRESS**<br>6306 DELOACHE AVE | | | **Transaction ID : 6654F5E6D568B4D04** | | |
| **CITY**<br>DALLAS | **STATE**<br>TX | **ZIP CODE**<br>75225-2815 | Occupation<br>ATTORNEY | | |
| **B. FULL NAME**<br>CALLEWART, CRAIG, C., DR., | | | Name of Employer<br>NORTH TEXAS SPINE CARE | Date (month, day, year)<br>10/27/2022 | Amount<br>2250.00 |
| **MAILING ADDRESS**<br>4911 SHADYWOOD LN | | | **Transaction ID : 6C2CAF5F609E64C1(** | | |
| **CITY**<br>DALLAS | **STATE**<br>TX | **ZIP CODE**<br>75209-2023 | Occupation<br>PHYSICIAN | | |
| **C. FULL NAME**<br>PERRITT, DIRK, , , | | | Name of Employer<br>SELF | Date (month, day, year)<br>10/27/2022 | Amount<br>2900.00 |
| **MAILING ADDRESS**<br>4237 BRYN MAWR DR | | | **Transaction ID : 6B0348BA4870E45F7** | | |
| **CITY**<br>DALLAS | **STATE**<br>TX | **ZIP CODE**<br>75225-6739 | Occupation<br>PHYSICIAN | | |
| **D. FULL NAME**<br>SNYDER, RICHARD, W., DR., | | | Name of Employer<br>HEARTPLACE | Date (month, day, year)<br>10/28/2022 | Amount<br>2900.00 |
| **MAILING ADDRESS**<br>5514 YOLANDA LN | | | **Transaction ID : 69D327C1855D74907** | | |
| **CITY**<br>DALLAS | **STATE**<br>TX | **ZIP CODE**<br>75229 | Occupation<br>PHYSICIAN | | |
| **E. FULL NAME** | | | Name of Employer | Date (month, day, year) | Amount |
| **MAILING ADDRESS** | | | | | |
| **CITY** | **STATE** | **ZIP CODE** | Occupation | | |

**SIGNATURE (optional)**
*MARTIN, STEVEN, , ,*
***[Electronically Filed]***

**DATE**
10/28/2022

**For further information contact:**
Federal Election Commission
999 E Street, NW, Washington, DC 20463
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)