

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 Patti For Congress				
ADDRESS (number and street) 9460 Tegner Road				
CITY Hilmar		STATE CA		ZIP CODE 95324
2. NAME OF CANDIDATE Patti, Thomas, , ,			3. OFFICE SOUGHT (State and District) House CA 09	
4. FEC IDENTIFICATION NUMBER C00792168				
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____				
A. FULL NAME Christy, David, , ,				
MAILING ADDRESS PO Box 121		Name of Employer Woodbridge Truck and Equip		Date (month, day, year) 10/27/2022
CITY Woodbridge		STATE CA		ZIP CODE 95258
		Transaction ID : F65-342567		Amount 1000.00
B. FULL NAME Franzia, Michelle, , ,				
MAILING ADDRESS 20585 Ayers Avenue		Name of Employer N2publishing		Date (month, day, year) 10/27/2022
CITY Escalon		STATE CA		ZIP CODE 95320
		Transaction ID : F65-342559		Amount 1450.00
C. FULL NAME Franzia, Paul, , ,				
MAILING ADDRESS 20585 Ayers Avenue		Name of Employer Pfe		Date (month, day, year) 10/27/2022
CITY Escalon		STATE CA		ZIP CODE 95320
		Transaction ID : F65-342558		Amount 1450.00
D. FULL NAME Giammona, Joseph, M, ,				
MAILING ADDRESS PO Box 698		Name of Employer JSG Trucking Co.		Date (month, day, year) 10/27/2022
CITY Clements		STATE CA		ZIP CODE 95227
		Transaction ID : F65-342565		Amount 1000.00
E. FULL NAME Mettler, Larry, , ,				
MAILING ADDRESS 15362 North Alpine		Name of Employer Arbor Vineyards		Date (month, day, year) 10/27/2022
CITY Lodi		STATE CA		ZIP CODE 95240
		Transaction ID : F65-342568		Amount 1000.00
SIGNATURE (optional) Lawler, Kelly, , ,			DATE 10/29/2022	
[Electronically Filed]			For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100	

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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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CITY, STATE, and ZIP CODE Hilmar CA 95324			
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4. FEC IDENTIFICATION NUMBER C00792168		continuation page	
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A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
Patti, Thomas, , , 2229 Stewart Street Suite A Stockton CA 95205	San Joaquin County Transaction ID : F65-342564 Occupation Supervisor	10/27/2022	50000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Staples, Michael, , , 19555 State Route 99 Acampo CA 95220	Name of Employer Hammer Trucking Inc Transaction ID : F65-342569 Occupation Trucker/President	Date (month, day, year) 10/27/2022	Amount 1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Costello, Christiane, , , 2037 Pierce Street San Francisco CA 94115	Name of Employer Retired Transaction ID : F65-342616 Occupation Retired	Date (month, day, year) 10/28/2022	Amount 2900.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Doug Lamalfa Committee 2150 River Plaza Dr., #150 Sacramento CA 95833	Name of Employer Transaction ID : F65-342573 Occupation	Date (month, day, year) 10/28/2022	Amount 2000.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Farmer PAC 9460 Tegner Hilmar CA 95324	Name of Employer Transaction ID : F65-342577 Occupation	Date (month, day, year) 10/28/2022	Amount 2900.00

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CITY, STATE, and ZIP CODE Hilmar CA 95324			
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5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE Harrington, Sonia, , , 4341 Saint Andrews Dr Stockton CA 95219		Name of Employer Retired Transaction ID : F65-342623 Occupation Retired	Date (month, day, year) 10/29/2022 Amount 2000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Theis, Marsha, L, , 6700 Cedar Glen Way Newcastle CA 95658		Name of Employer Retired Transaction ID : F65-342625 Occupation Retired	Date (month, day, year) 10/29/2022 Amount 2900.00
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

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