

# 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>Debbie Lesko for Congress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                                                                                                       |                                           |                                                                                                       |                                                                                                                                                                |                   |                  |                                       |                   |                                                      |  |  |                                           |  |  |                             |                    |                               |                   |  |
| <b>ADDRESS</b> (number and street) PO Box 45388                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                                                                                       |                                           |                                                                                                       |                                                                                                                                                                |                   |                  |                                       |                   |                                                      |  |  |                                           |  |  |                             |                    |                               |                   |  |
| <b>CITY</b><br>Phoenix                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>STATE</b><br>AZ | <b>ZIP CODE</b><br>85064                                                                              |                                           |                                                                                                       |                                                                                                                                                                |                   |                  |                                       |                   |                                                      |  |  |                                           |  |  |                             |                    |                               |                   |  |
| <b>2. NAME OF CANDIDATE</b><br>Lesko, Debbie, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House                      AZ                      08 |                                           |                                                                                                       |                                                                                                                                                                |                   |                  |                                       |                   |                                                      |  |  |                                           |  |  |                             |                    |                               |                   |  |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00663914                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                                                                                                       |                                           |                                                                                                       |                                                                                                                                                                |                   |                  |                                       |                   |                                                      |  |  |                                           |  |  |                             |                    |                               |                   |  |
| <b>5. IS THIS AN AMENDMENT?</b> <input type="checkbox"/> NO, THIS IS A NEW FILING <input checked="" type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON <u>07</u> / <u>30</u> / <u>2022</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                                                                                                       |                                           |                                                                                                       |                                                                                                                                                                |                   |                  |                                       |                   |                                                      |  |  |                                           |  |  |                             |                    |                               |                   |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> <b>A. FULL NAME</b><br/>Pascua Yaqui Tribe         </td> <td style="padding: 5px;">           Name of Employer         </td> <td style="padding: 5px;">           Date (month, day, year)<br/>07/28/2022         </td> <td style="padding: 5px;">           Amount<br/>2100.00         </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <b>MAILING ADDRESS</b><br/>7474 South Camino de Oeste         </td> <td colspan="2" style="padding: 5px;"> <b>Transaction ID : 61524F5A959F04BDE</b> </td> <td rowspan="2" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"> <b>CITY</b><br/>Tucson         </td> <td style="padding: 5px;"> <b>STATE</b><br/>AZ         </td> <td style="padding: 5px;"> <b>ZIP CODE</b><br/>85746-9308         </td> <td colspan="2" style="padding: 5px;"> <b>Occupation</b> </td> </tr> </table>                                                         |                    |                                                                                                       |                                           | <b>A. FULL NAME</b><br>Pascua Yaqui Tribe                                                             |                                                                                                                                                                |                   | Name of Employer | Date (month, day, year)<br>07/28/2022 | Amount<br>2100.00 | <b>MAILING ADDRESS</b><br>7474 South Camino de Oeste |  |  | <b>Transaction ID : 61524F5A959F04BDE</b> |  |  | <b>CITY</b><br>Tucson       | <b>STATE</b><br>AZ | <b>ZIP CODE</b><br>85746-9308 | <b>Occupation</b> |  |
| <b>A. FULL NAME</b><br>Pascua Yaqui Tribe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                                                                       | Name of Employer                          | Date (month, day, year)<br>07/28/2022                                                                 | Amount<br>2100.00                                                                                                                                              |                   |                  |                                       |                   |                                                      |  |  |                                           |  |  |                             |                    |                               |                   |  |
| <b>MAILING ADDRESS</b><br>7474 South Camino de Oeste                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                                                                       | <b>Transaction ID : 61524F5A959F04BDE</b> |                                                                                                       |                                                                                                                                                                |                   |                  |                                       |                   |                                                      |  |  |                                           |  |  |                             |                    |                               |                   |  |
| <b>CITY</b><br>Tucson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>STATE</b><br>AZ | <b>ZIP CODE</b><br>85746-9308                                                                         | <b>Occupation</b>                         |                                                                                                       |                                                                                                                                                                |                   |                  |                                       |                   |                                                      |  |  |                                           |  |  |                             |                    |                               |                   |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> <b>B. FULL NAME</b><br/>National Association Of Insurance And Financial Advisors Political Action Comm         </td> <td style="padding: 5px;">           Name of Employer         </td> <td style="padding: 5px;">           Date (month, day, year)<br/>07/28/2022         </td> <td style="padding: 5px;">           Amount<br/>1500.00         </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <b>MAILING ADDRESS</b><br/>2901 Telestar Ct         </td> <td colspan="2" style="padding: 5px;"> <b>Transaction ID : 67D3D4A2778EA4B3:</b> </td> <td rowspan="2" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"> <b>CITY</b><br/>Falls Church         </td> <td style="padding: 5px;"> <b>STATE</b><br/>VA         </td> <td style="padding: 5px;"> <b>ZIP CODE</b><br/>22042-1260         </td> <td colspan="2" style="padding: 5px;"> <b>Occupation</b> </td> </tr> </table> |                    |                                                                                                       |                                           | <b>B. FULL NAME</b><br>National Association Of Insurance And Financial Advisors Political Action Comm |                                                                                                                                                                |                   | Name of Employer | Date (month, day, year)<br>07/28/2022 | Amount<br>1500.00 | <b>MAILING ADDRESS</b><br>2901 Telestar Ct           |  |  | <b>Transaction ID : 67D3D4A2778EA4B3:</b> |  |  | <b>CITY</b><br>Falls Church | <b>STATE</b><br>VA | <b>ZIP CODE</b><br>22042-1260 | <b>Occupation</b> |  |
| <b>B. FULL NAME</b><br>National Association Of Insurance And Financial Advisors Political Action Comm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                                                                       | Name of Employer                          | Date (month, day, year)<br>07/28/2022                                                                 | Amount<br>1500.00                                                                                                                                              |                   |                  |                                       |                   |                                                      |  |  |                                           |  |  |                             |                    |                               |                   |  |
| <b>MAILING ADDRESS</b><br>2901 Telestar Ct                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                                                                                                       | <b>Transaction ID : 67D3D4A2778EA4B3:</b> |                                                                                                       |                                                                                                                                                                |                   |                  |                                       |                   |                                                      |  |  |                                           |  |  |                             |                    |                               |                   |  |
| <b>CITY</b><br>Falls Church                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>STATE</b><br>VA | <b>ZIP CODE</b><br>22042-1260                                                                         | <b>Occupation</b>                         |                                                                                                       |                                                                                                                                                                |                   |                  |                                       |                   |                                                      |  |  |                                           |  |  |                             |                    |                               |                   |  |
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| <b>C. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                                                                                                       | Name of Employer                          | Date (month, day, year)                                                                               | Amount                                                                                                                                                         |                   |                  |                                       |                   |                                                      |  |  |                                           |  |  |                             |                    |                               |                   |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                                                                                                       |                                           |                                                                                                       |                                                                                                                                                                |                   |                  |                                       |                   |                                                      |  |  |                                           |  |  |                             |                    |                               |                   |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>STATE</b>       | <b>ZIP CODE</b>                                                                                       |                                           |                                                                                                       |                                                                                                                                                                | <b>Occupation</b> |                  |                                       |                   |                                                      |  |  |                                           |  |  |                             |                    |                               |                   |  |
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| <b>D. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                                                                                                       | Name of Employer                          | Date (month, day, year)                                                                               | Amount                                                                                                                                                         |                   |                  |                                       |                   |                                                      |  |  |                                           |  |  |                             |                    |                               |                   |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                                                                                                       |                                           |                                                                                                       |                                                                                                                                                                |                   |                  |                                       |                   |                                                      |  |  |                                           |  |  |                             |                    |                               |                   |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>STATE</b>       | <b>ZIP CODE</b>                                                                                       |                                           |                                                                                                       |                                                                                                                                                                | <b>Occupation</b> |                  |                                       |                   |                                                      |  |  |                                           |  |  |                             |                    |                               |                   |  |
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| <b>E. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                                                                                                       | Name of Employer                          | Date (month, day, year)                                                                               | Amount                                                                                                                                                         |                   |                  |                                       |                   |                                                      |  |  |                                           |  |  |                             |                    |                               |                   |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                                                                                                       |                                           |                                                                                                       |                                                                                                                                                                |                   |                  |                                       |                   |                                                      |  |  |                                           |  |  |                             |                    |                               |                   |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>STATE</b>       | <b>ZIP CODE</b>                                                                                       |                                           |                                                                                                       |                                                                                                                                                                | <b>Occupation</b> |                  |                                       |                   |                                                      |  |  |                                           |  |  |                             |                    |                               |                   |  |
| <b>SIGNATURE (optional)</b><br>RAGAN, ASHLEY, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                                                                       | <b>DATE</b><br>01/18/2023                 |                                                                                                       | <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 |                   |                  |                                       |                   |                                                      |  |  |                                           |  |  |                             |                    |                               |                   |  |
| <i>[Electronically Filed]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                                                                                       |                                           |                                                                                                       |                                                                                                                                                                |                   |                  |                                       |                   |                                                      |  |  |                                           |  |  |                             |                    |                               |                   |  |

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)