

# 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><b>DAN NEWHOUSE FOR CONGRESS</b>                                                                                                     |  |                    |                                                             |                               |
| <b>ADDRESS</b> (number and street) PO BOX 10949                                                                                                                             |  |                    |                                                             |                               |
| <b>CITY</b><br>YAKIMA                                                                                                                                                       |  | <b>STATE</b><br>WA |                                                             | <b>ZIP CODE</b><br>98909-1949 |
| <b>2. NAME OF CANDIDATE</b><br>NEWHOUSE, DAN, , ,                                                                                                                           |  |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House WA 04 |                               |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00559393                                                                                                                            |  |                    |                                                             |                               |
| <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 ____ / ____ / ____ |  |                    |                                                             |                               |

  

|                                                                      |             |                        |                                           |  |                                       |  |                                                                                                                                                                |  |
|----------------------------------------------------------------------|-------------|------------------------|-------------------------------------------|--|---------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>A. FULL NAME</b><br><b>ROBERTS, JONATHAN, , ,</b>                 |             |                        | Name of Employer<br>IGNITION PARTNERS     |  | Date (month, day, year)<br>07/16/2022 |  | Amount<br>1000.00                                                                                                                                              |  |
| MAILING ADDRESS<br>2001 6TH AVENUE                                   |             |                        | <b>Transaction ID : 67CDA86BAAE4B434</b>  |  |                                       |  |                                                                                                                                                                |  |
| CITY<br>SEATTLE                                                      | STATE<br>WA | ZIP CODE<br>98121      | Occupation<br>VENTURE CAPITAL             |  |                                       |  |                                                                                                                                                                |  |
| <b>B. FULL NAME</b><br><b>SMITH, HOLLY, P, ,</b>                     |             |                        | Name of Employer<br>RETIRED               |  | Date (month, day, year)<br>07/17/2022 |  | Amount<br>2900.00                                                                                                                                              |  |
| MAILING ADDRESS<br>680 CRAIG RD<br>SUITE 101                         |             |                        | <b>Transaction ID : 6976EBC6FFE144ED1</b> |  |                                       |  |                                                                                                                                                                |  |
| CITY<br>SAINT LOUIS                                                  | STATE<br>MO | ZIP CODE<br>63141-7120 | Occupation<br>RETIRED                     |  |                                       |  |                                                                                                                                                                |  |
| <b>C. FULL NAME</b><br><b>NATIONAL FISHERIES INSTITUTE (FISHPAC)</b> |             |                        | Name of Employer                          |  | Date (month, day, year)<br>07/17/2022 |  | Amount<br>1500.00                                                                                                                                              |  |
| MAILING ADDRESS<br>7918 JONES BRANCH DR<br>STE 700                   |             |                        | <b>Transaction ID : 62FC7A6FBA6FD4F3</b>  |  |                                       |  |                                                                                                                                                                |  |
| CITY<br>MCLEAN                                                       | STATE<br>VA | ZIP CODE<br>22102-3319 | Occupation                                |  |                                       |  |                                                                                                                                                                |  |
| <b>D. FULL NAME</b><br><b>SMITH, BURR, , ,</b>                       |             |                        | Name of Employer<br>BROADSIGN             |  | Date (month, day, year)<br>07/17/2022 |  | Amount<br>2900.00                                                                                                                                              |  |
| MAILING ADDRESS<br>680 CRAIG RD<br>SUITE 101                         |             |                        | <b>Transaction ID : 697AED28DE4E44CB</b>  |  |                                       |  |                                                                                                                                                                |  |
| CITY<br>SAINT LOUIS                                                  | STATE<br>MO | ZIP CODE<br>63141      | Occupation<br>CEO                         |  |                                       |  |                                                                                                                                                                |  |
| <b>E. FULL NAME</b><br><b>SMITH, DOROTHY, DAVIS, ,</b>               |             |                        | Name of Employer<br>RETIRED               |  | Date (month, day, year)<br>07/17/2022 |  | Amount<br>2900.00                                                                                                                                              |  |
| MAILING ADDRESS<br>680 CRAIG RD<br>SUITE 101                         |             |                        | <b>Transaction ID : 6F0F0242604FF4CB</b>  |  |                                       |  |                                                                                                                                                                |  |
| CITY<br>SAINT LOUIS                                                  | STATE<br>MO | ZIP CODE<br>63141-7120 | Occupation<br>RETIRED                     |  |                                       |  |                                                                                                                                                                |  |
| <b>SIGNATURE (optional)</b><br>LIEB, SARAH, , ,                      |             |                        |                                           |  | <b>DATE</b><br>07/18/2022             |  | <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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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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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------|-------------------|
| 1. NAME OF COMMITTEE IN FULL<br>DAN NEWHOUSE FOR CONGRESS                                                                                                               |  |                                                      |                   |
| ADDRESS (number and street) PO BOX 10949                                                                                                                                |  |                                                      |                   |
| CITY, STATE, and ZIP CODE<br>YAKIMA WA 98909-1949                                                                                                                       |  |                                                      |                   |
| 2. NAME OF CANDIDATE<br>NEWHOUSE, DAN, , ,                                                                                                                              |  | 3. OFFICE SOUGHT (State and District)<br>House WA 04 |                   |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00559393            |                   |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |  |                                                      |                   |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>CHASE SMITH, KAREN, , ,<br>680 CRAIG RD<br>SUITE 101<br>SAINT LOUIS MO 63141-7120                                         |  |                                                      |                   |
| Name of Employer<br>RETIRED                                                                                                                                             |  | Date (month, day, year)<br>07/17/2022                | Amount<br>2900.00 |
| Transaction ID : 66F309D22A71C47CF9DE                                                                                                                                   |  |                                                      |                   |
| Occupation<br>RETIRED                                                                                                                                                   |  |                                                      |                   |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |                   |
| Name of Employer                                                                                                                                                        |  | Date (month, day, year)                              | Amount            |
| Occupation                                                                                                                                                              |  |                                                      |                   |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |                   |
| Name of Employer                                                                                                                                                        |  | Date (month, day, year)                              | Amount            |
| Occupation                                                                                                                                                              |  |                                                      |                   |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |                   |
| Name of Employer                                                                                                                                                        |  | Date (month, day, year)                              | Amount            |
| Occupation                                                                                                                                                              |  |                                                      |                   |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |                   |
| Name of Employer                                                                                                                                                        |  | Date (month, day, year)                              | Amount            |
| Occupation                                                                                                                                                              |  |                                                      |                   |

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