

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 Jaime for Congress																																																																																																																																		
ADDRESS (number and street) PO Box 1614																																																																																																																																		
CITY Ridgefield		STATE WA		ZIP CODE 98642-0020																																																																																																																														
2. NAME OF CANDIDATE Herrera Beutler, Jaime, , ,			3. OFFICE SOUGHT (State and District) House WA 03																																																																																																																															
4. FEC IDENTIFICATION NUMBER C00472704																																																																																																																																		
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____																																																																																																																																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> A. FULL NAME Buddy PAC </td> <td colspan="2"> Name of Employer </td> <td rowspan="4"> Date (month, day, year) 07/22/2022 </td> <td rowspan="4"> Amount 2900.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 824 S Milledge Ave Ste 101 </td> <td colspan="2"> Transaction ID : 65662B44CC03745F1 </td> </tr> <tr> <td> CITY Athens </td> <td> STATE GA </td> <td> ZIP CODE 30605-1332 </td> <td colspan="2"> Occupation </td> </tr> <tr> <td colspan="3"></td> <td colspan="2"></td> </tr> <tr> <td colspan="3"> B. FULL NAME </td> <td colspan="2"> Name of Employer </td> <td rowspan="4"> Date (month, day, year) </td> <td rowspan="4"> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td colspan="2"></td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td colspan="2"> Occupation </td> </tr> <tr> <td colspan="3"></td> <td colspan="2"></td> </tr> <tr> <td colspan="3"> C. FULL NAME </td> <td colspan="2"> Name of Employer </td> <td rowspan="4"> Date (month, day, year) </td> <td rowspan="4"> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td colspan="2"></td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td colspan="2"> Occupation </td> </tr> <tr> <td colspan="3"></td> <td colspan="2"></td> </tr> <tr> <td colspan="3"> D. FULL NAME </td> <td colspan="2"> Name of Employer </td> <td rowspan="4"> Date (month, day, year) </td> <td rowspan="4"> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td colspan="2"></td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td colspan="2"> Occupation </td> </tr> <tr> <td colspan="3"></td> <td colspan="2"></td> </tr> <tr> <td colspan="3"> E. FULL NAME </td> <td colspan="2"> Name of Employer </td> <td rowspan="4"> Date (month, day, year) </td> <td rowspan="4"> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td colspan="2"></td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td colspan="2"> Occupation </td> </tr> <tr> <td colspan="3"></td> <td colspan="2"></td> </tr> <tr> <td colspan="4"> SIGNATURE (optional) Peiper, Pamela, , , </td> <td colspan="2"> DATE 07/24/2022 </td> <td colspan="2"> For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100 </td> </tr> <tr> <td colspan="4" style="text-align: center;"> [Electronically Filed] </td> <td colspan="4"></td> </tr> </table>					A. FULL NAME Buddy PAC			Name of Employer		Date (month, day, year) 07/22/2022	Amount 2900.00	MAILING ADDRESS 824 S Milledge Ave Ste 101			Transaction ID : 65662B44CC03745F1		CITY Athens	STATE GA	ZIP CODE 30605-1332	Occupation							B. FULL NAME			Name of Employer		Date (month, day, year)	Amount	MAILING ADDRESS					CITY	STATE	ZIP CODE	Occupation							C. FULL NAME			Name of Employer		Date (month, day, year)	Amount	MAILING ADDRESS					CITY	STATE	ZIP CODE	Occupation							D. FULL NAME			Name of Employer		Date (month, day, year)	Amount	MAILING ADDRESS					CITY	STATE	ZIP CODE	Occupation							E. FULL NAME			Name of Employer		Date (month, day, year)	Amount	MAILING ADDRESS					CITY	STATE	ZIP CODE	Occupation							SIGNATURE (optional) Peiper, Pamela, , ,				DATE 07/24/2022		For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100		[Electronically Filed]							
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FEC FORM 6
(Revised 03/2016)