

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 Liz Cheney For Wyoming				
ADDRESS (number and street) PO Box 3167				
CITY Cheyenne		STATE WY		ZIP CODE 82003
2. NAME OF CANDIDATE Cheney, Elizabeth, , Mrs.,			3. OFFICE SOUGHT (State and District) House WY	
4. FEC IDENTIFICATION NUMBER C00607556				
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____				
A. FULL NAME BOUTROUS, TED, , ,				Name of Employer GIBSON DUNN Transaction ID : TX168262 Occupation LAWYER
MAILING ADDRESS 12243 CANNA ROAD				
CITY LOS ANGELES	STATE CA	ZIP CODE 90049-1401	Date (month, day, year) 07/31/2022	
			Amount 1000.00	
B. FULL NAME DELONG, MICHELLE, , ,				Name of Employer RETIRED Transaction ID : TX168156 Occupation RETIRED
MAILING ADDRESS 15 DOLMA RD				
CITY SCARSDALE	STATE NY	ZIP CODE 10583-4505	Date (month, day, year) 07/31/2022	
			Amount 2900.00	
C. FULL NAME GRIFFIN, ALLISON, , ,				Name of Employer GRIFFIN STRATEGIES, INC. Transaction ID : TX167091 Occupation PUBLIC RELATIONS
MAILING ADDRESS 9635 LANSHIRE DRIVE				
CITY DALLAS	STATE TX	ZIP CODE 75238-3413	Date (month, day, year) 07/31/2022	
			Amount 1000.00	
D. FULL NAME JONES, BARBARA, , ,				Name of Employer GREENBERG TRAUIG LLP Transaction ID : TX168230 Occupation ATTORNEY
MAILING ADDRESS 1840 CENTURY PARK E, NO 1900				
CITY LOS ANGELES	STATE CA	ZIP CODE 90067-	Date (month, day, year) 07/31/2022	
			Amount 1000.00	
E. FULL NAME JUSTICE, DEBORAH, , ,				Name of Employer RETIRED Transaction ID : TX168220 Occupation RETIRED
MAILING ADDRESS 555 REDWOOD DRIVE				
CITY SEBRING	STATE FL	ZIP CODE 33875-6225	Date (month, day, year) 07/31/2022	
			Amount 1000.00	
SIGNATURE (optional) Edmonds, Amy, , Mrs., [Electronically Filed]			DATE 08/01/2022	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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4. FEC IDENTIFICATION NUMBER C00607556		<i>continuation page</i>	
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A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
SARGENT, ROBERT, , , 1845 NEWPORT AVE SAN JOSE CA 95125-3432	ADOBE Transaction ID : TX168261 Occupation DIRECTOR OF ENGINEERING	07/31/2022	2900.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE SMITH, GLENN, , , 727 LOS PALOS DRIVE LAFAYETTE CA 94549-5356	Name of Employer RETIRED Transaction ID : TX168397 Occupation RETIRED	07/31/2022	1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE SNODGRASS, BRAD, , , 2104 TOPEKA LUBBOCK TX 79407-2324	Name of Employer COVENANT MEDICAL GROUP Transaction ID : TX168170 Occupation PHYSICIAN	07/31/2022	1000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE SOLLI, TONE, , , 238 W 49TH ST NEW YORK NY 10019-7405	Name of Employer SELF Transaction ID : TX168112 Occupation CONSULTANT	07/31/2022	2500.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE TAYLOR, PAUL, , , 5620 WALNUT SPRINGS CT DALLAS TX 75252-2669	Name of Employer RETIRED Transaction ID : TX168384 Occupation RETIRED	07/31/2022	1000.00

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE WILLIAMS, JP, , , 241 ALMA REAL DR PACIFIC PALISADES CA 90272-4414			
Name of Employer RETIRED Transaction ID : TX168318 Occupation RETIRED		Date (month, day, year) 07/31/2022 Amount 2900.00	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer Occupation		Date (month, day, year) Amount	
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	