

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 Cole for Congress																					
ADDRESS (number and street) P.O. Box 722256																					
CITY Norman		STATE OK		ZIP CODE 73070																	
2. NAME OF CANDIDATE Cole, Tom, , ,			3. OFFICE SOUGHT (State and District) House OK 04																		
4. FEC IDENTIFICATION NUMBER C00379735																					
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 American College Of Physician Services Inc. PAC </td> <td colspan="2"> Name of Employer </td> <td rowspan="3"> Date (month, day, year) 06/14/2022 </td> <td rowspan="3"> Amount 1000.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 25 Massachusetts Ave. NW Suite 700 </td> <td colspan="2"> Transaction ID : F65-CN30866 </td> </tr> <tr> <td> CITY Washington </td> <td> STATE DC </td> <td> ZIP CODE 20001 </td> <td colspan="2"> Occupation </td> </tr> </table>					A. FULL NAME American College Of Physician Services Inc. PAC			Name of Employer		Date (month, day, year) 06/14/2022	Amount 1000.00	MAILING ADDRESS 25 Massachusetts Ave. NW Suite 700			Transaction ID : F65-CN30866		CITY Washington	STATE DC	ZIP CODE 20001	Occupation	
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FEC FORM 6
(Revised 03/2016)