

# 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>Cathy McMorris Rodgers for Congress                                                                                                     |                    |                                                             |                                                                                                                                                                |
| <b>ADDRESS</b> (number and street) PO Box 137                                                                                                                                  |                    |                                                             |                                                                                                                                                                |
| <b>CITY</b><br>Spokane                                                                                                                                                         | <b>STATE</b><br>WA | <b>ZIP CODE</b><br>99210-0137                               |                                                                                                                                                                |
| <b>2. NAME OF CANDIDATE</b><br>McMorris Rodgers, Cathy, , ,                                                                                                                    |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House WA 05 |                                                                                                                                                                |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00390476                                                                                                                               |                    |                                                             |                                                                                                                                                                |
| <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>AMERICAN CHEMISTRY COUNCIL PAC                                                                                                                          |                    |                                                             |                                                                                                                                                                |
| <b>MAILING ADDRESS</b><br>700 2ND STREET, NE<br>ATTN: ALLISON STARMANN                                                                                                         |                    | Name of Employer<br><br><b>Transaction ID : TX189545</b>    | Date (month, day, year)<br>07/22/2022                                                                                                                          |
| <b>CITY</b><br>WASHINGTON                                                                                                                                                      | <b>STATE</b><br>DC | <b>ZIP CODE</b><br>20002-8100                               | Amount<br>1500.00                                                                                                                                              |
| <b>B. FULL NAME</b><br>DAVITA INC. POLITICAL ACTION COMMITTEE (DAPAC)                                                                                                          |                    | Name of Employer<br><br><b>Transaction ID : TX189546</b>    | Date (month, day, year)<br>07/22/2022                                                                                                                          |
| <b>MAILING ADDRESS</b><br>32275 32ND AVE, S.                                                                                                                                   |                    | Occupation                                                  | Amount<br>1500.00                                                                                                                                              |
| <b>CITY</b><br>FEDERAL WAY                                                                                                                                                     | <b>STATE</b><br>WA | <b>ZIP CODE</b><br>98001-9616                               |                                                                                                                                                                |
| <b>C. FULL NAME</b><br>PARSONS CORPORATION POLITICAL ACTION COMMITTEE                                                                                                          |                    | Name of Employer<br><br><b>Transaction ID : TX189547</b>    | Date (month, day, year)<br>07/22/2022                                                                                                                          |
| <b>MAILING ADDRESS</b><br>100 WEST WALNUT ST. T-1110                                                                                                                           |                    | Occupation                                                  | Amount<br>2000.00                                                                                                                                              |
| <b>CITY</b><br>PASADENA                                                                                                                                                        | <b>STATE</b><br>CA | <b>ZIP CODE</b><br>91124-0001                               |                                                                                                                                                                |
| <b>D. FULL NAME</b><br>PARSONS CORPORATION POLITICAL ACTION COMMITTEE                                                                                                          |                    | Name of Employer<br><br><b>Transaction ID : TX189548</b>    | Date (month, day, year)<br>07/22/2022                                                                                                                          |
| <b>MAILING ADDRESS</b><br>100 WEST WALNUT ST. T-1110                                                                                                                           |                    | Occupation                                                  | Amount<br>1500.00                                                                                                                                              |
| <b>CITY</b><br>PASADENA                                                                                                                                                        | <b>STATE</b><br>CA | <b>ZIP CODE</b><br>91124-0001                               |                                                                                                                                                                |
| <b>E. FULL NAME</b><br>PARSONS CORPORATION POLITICAL ACTION COMMITTEE                                                                                                          |                    | Name of Employer<br><br><b>Transaction ID : TX189549</b>    | Date (month, day, year)<br>07/22/2022                                                                                                                          |
| <b>MAILING ADDRESS</b><br>100 WEST WALNUT ST. T-1110                                                                                                                           |                    | Occupation                                                  | Amount<br>1500.00                                                                                                                                              |
| <b>CITY</b><br>PASADENA                                                                                                                                                        | <b>STATE</b><br>CA | <b>ZIP CODE</b><br>91124-0001                               |                                                                                                                                                                |
| <b>SIGNATURE (optional)</b><br>SHIFLETT, JULIE ANN, , ,                                                                                                                        |                    | <b>DATE</b><br>07/23/2022                                   | <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 |
| [Electronically Filed]                                                                                                                                                         |                    |                                                             |                                                                                                                                                                |

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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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------|-------------------|
| <b>1. NAME OF COMMITTEE IN FULL</b><br>Cathy McMorris Rodgers for Congress                                                                                                  |  |                                                             |                   |
| <b>ADDRESS</b> (number and street) PO Box 137                                                                                                                               |  |                                                             |                   |
| <b>CITY, STATE, and ZIP CODE</b><br>Spokane WA 99210-0137                                                                                                                   |  |                                                             |                   |
| <b>2. NAME OF CANDIDATE</b><br>McMorris Rodgers, Cathy, , ,                                                                                                                 |  | <b>3. OFFICE SOUGHT</b> (State and District)<br>House WA 05 |                   |
|                                                                                                                                                                             |  | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00390476            |                   |
| <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, MAILING ADDRESS AND ZIP CODE</b><br>ALLIANCE FOR PHARMACY COMPOUNDING PAC (COMP PAC)<br>100 DAINGERFIELD ROAD<br>SUITE 401<br>ALEXANDRIA VA 22314-2886     |  |                                                             |                   |
| Name of Employer<br>Transaction ID : TX189550<br>Occupation                                                                                                                 |  | Date (month, day, year)<br>07/22/2022                       | Amount<br>1000.00 |
| <b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b><br>DARIGOLD POLITICAL ACTION COMMITTEE FKA NORTH PACIFIC DAIRY<br>PO BOX 80627<br>SEATTLE WA 98108-9829                   |  |                                                             |                   |
| Name of Employer<br>Transaction ID : TX189551<br>Occupation                                                                                                                 |  | Date (month, day, year)<br>07/22/2022                       | Amount<br>2500.00 |
| <b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b><br>EDISON INTERNATIONAL PAC<br>515 S. FIGUEROA ST., STE. 1110<br>LOS ANGELES CA 90071-3314                                |  |                                                             |                   |
| Name of Employer<br>Transaction ID : TX189552<br>Occupation                                                                                                                 |  | Date (month, day, year)<br>07/22/2022                       | Amount<br>1000.00 |
| <b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b><br>HOCHMAN, ROD, , ,<br>1104 FEDERAL AVE E<br>SEATTLE WA 98102-                                                           |  |                                                             |                   |
| Name of Employer<br>PROVIDENCE<br>Transaction ID : TX189540<br>Occupation<br>ADMINISTRATION                                                                                 |  | Date (month, day, year)<br>07/22/2022                       | Amount<br>5000.00 |
| <b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b><br>NAVANI, ANNU, , ,<br>1350 COUNTRY CLUB DRIVE<br>MILPITAS CA 95035-                                                     |  |                                                             |                   |
| Name of Employer<br>COMPREHENSIVE SPINE AND SPORTS CENTER<br>Transaction ID : TX189530<br>Occupation<br>PHYSICIAN                                                           |  | Date (month, day, year)<br>07/22/2022                       | Amount<br>1500.00 |

continuation page

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------|--|
| 1. NAME OF COMMITTEE IN FULL<br>Cathy McMorris Rodgers for Congress                                                                                                     |  |                                                                                                                              |  |
| ADDRESS (number and street) PO Box 137                                                                                                                                  |  |                                                                                                                              |  |
| CITY, STATE, and ZIP CODE<br>Spokane WA 99210-0137                                                                                                                      |  |                                                                                                                              |  |
| 2. NAME OF CANDIDATE<br>McMorris Rodgers, Cathy, , ,                                                                                                                    |  | 3. OFFICE SOUGHT (State and District)<br>House WA 05                                                                         |  |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00390476                                                                                    |  |
| 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 _____ / _____ / _____ |  |                                                                                                                              |  |
| continuation page                                                                                                                                                       |  |                                                                                                                              |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>PONDER, JIMMY, , , JR.<br><br>123 FRONTAGE RD A<br><br>GRAY LA 70359-6301                                                 |  | Name of Employer<br>HEADACHE AND PAIN CENTER<br><br>Transaction ID : TX189527<br>Occupation<br>M.D. INTERVENTIONAL PAIN MGMT |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>07/22/2022                                                                                        |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                                            |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>RASHEED, WASIF, , ,<br><br>6437 RIPLEY LANE<br><br>RENTON WA 98056-                                                       |  | Name of Employer<br>PROVIDENCE<br><br>Transaction ID : TX189542<br>Occupation<br>EXECUTIVE                                   |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>07/22/2022                                                                                        |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                                            |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>SCHLEICHER, STEPHEN, , ,<br><br>1016 GALE LANE<br><br>NASHVILLE TN 37204-2914                                             |  | Name of Employer<br>TENNESSEE ONCOLOGY<br><br>Transaction ID : TX189529<br>Occupation<br>PHYSICIAN                           |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>07/22/2022                                                                                        |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                                            |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>STACEY, SUSAN, , ,<br><br>805 W BASALT RIDGE DR<br><br>SPOKANE WA 99224-                                                  |  | Name of Employer<br>PROVIDENCE<br><br>Transaction ID : TX189541<br>Occupation<br>EXECUTIVE                                   |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>07/22/2022                                                                                        |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                                            |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  | Name of Employer                                                                                                             |  |
|                                                                                                                                                                         |  | Occupation                                                                                                                   |  |
|                                                                                                                                                                         |  | Date (month, day, year)                                                                                                      |  |
|                                                                                                                                                                         |  | Amount                                                                                                                       |  |