

# 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>Becca Balint for Vermont                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                               |                                                             |                          |                                                                                                                                                                |  |                   |                             |  |                                                                                                                                                                |  |                   |  |                                         |  |  |                                  |  |  |  |  |  |                           |                    |                               |                       |  |  |  |  |  |
| ADDRESS (number and street) PO Box 291                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                               |                                                             |                          |                                                                                                                                                                |  |                   |                             |  |                                                                                                                                                                |  |                   |  |                                         |  |  |                                  |  |  |  |  |  |                           |                    |                               |                       |  |  |  |  |  |
| <b>CITY</b><br>Burlington                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    | <b>STATE</b><br>VT            |                                                             | <b>ZIP CODE</b><br>05402 |                                                                                                                                                                |  |                   |                             |  |                                                                                                                                                                |  |                   |  |                                         |  |  |                                  |  |  |  |  |  |                           |                    |                               |                       |  |  |  |  |  |
| <b>2. NAME OF CANDIDATE</b><br>Balint, Rebecca 'Becca', , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                               | <b>3. OFFICE SOUGHT</b> (State and District)<br>House VT 00 |                          |                                                                                                                                                                |  |                   |                             |  |                                                                                                                                                                |  |                   |  |                                         |  |  |                                  |  |  |  |  |  |                           |                    |                               |                       |  |  |  |  |  |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00797175                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                               |                                                             |                          |                                                                                                                                                                |  |                   |                             |  |                                                                                                                                                                |  |                   |  |                                         |  |  |                                  |  |  |  |  |  |                           |                    |                               |                       |  |  |  |  |  |
| <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 ____ / ____ / ____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                               |                                                             |                          |                                                                                                                                                                |  |                   |                             |  |                                                                                                                                                                |  |                   |  |                                         |  |  |                                  |  |  |  |  |  |                           |                    |                               |                       |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> <b>A. FULL NAME</b><br/>           Coates, David, , ,         </td> <td colspan="2">           Name of Employer<br/>           N/A         </td> <td colspan="2">           Date (month, day, year)<br/>           11/04/2022         </td> <td colspan="2">           Amount<br/>           1000.00         </td> </tr> <tr> <td colspan="3">           MAILING ADDRESS<br/>           474 Coates Island Rd         </td> <td colspan="2"> <b>Transaction ID : 15751800</b> </td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td> <b>CITY</b><br/>           Colchester         </td> <td> <b>STATE</b><br/>           VT         </td> <td> <b>ZIP CODE</b><br/>           05446-9704         </td> <td colspan="2">           Occupation<br/>           Retired         </td> <td colspan="2"></td> <td colspan="2"></td> </tr> </table>       |                    |                               |                                                             |                          | <b>A. FULL NAME</b><br>Coates, David, , ,                                                                                                                      |  |                   | Name of Employer<br>N/A     |  | Date (month, day, year)<br>11/04/2022                                                                                                                          |  | Amount<br>1000.00 |  | MAILING ADDRESS<br>474 Coates Island Rd |  |  | <b>Transaction ID : 15751800</b> |  |  |  |  |  | <b>CITY</b><br>Colchester | <b>STATE</b><br>VT | <b>ZIP CODE</b><br>05446-9704 | Occupation<br>Retired |  |  |  |  |  |
| <b>A. FULL NAME</b><br>Coates, David, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                               | Name of Employer<br>N/A                                     |                          | Date (month, day, year)<br>11/04/2022                                                                                                                          |  | Amount<br>1000.00 |                             |  |                                                                                                                                                                |  |                   |  |                                         |  |  |                                  |  |  |  |  |  |                           |                    |                               |                       |  |  |  |  |  |
| MAILING ADDRESS<br>474 Coates Island Rd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                               | <b>Transaction ID : 15751800</b>                            |                          |                                                                                                                                                                |  |                   |                             |  |                                                                                                                                                                |  |                   |  |                                         |  |  |                                  |  |  |  |  |  |                           |                    |                               |                       |  |  |  |  |  |
| <b>CITY</b><br>Colchester                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>STATE</b><br>VT | <b>ZIP CODE</b><br>05446-9704 | Occupation<br>Retired                                       |                          |                                                                                                                                                                |  |                   |                             |  |                                                                                                                                                                |  |                   |  |                                         |  |  |                                  |  |  |  |  |  |                           |                    |                               |                       |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> <b>B. FULL NAME</b><br/>           Gormley, Catherine, , ,         </td> <td colspan="2">           Name of Employer<br/>           Retired         </td> <td colspan="2">           Date (month, day, year)<br/>           11/04/2022         </td> <td colspan="2">           Amount<br/>           1000.00         </td> </tr> <tr> <td colspan="3">           MAILING ADDRESS<br/>           PO Box 760         </td> <td colspan="2"> <b>Transaction ID : 15751805</b> </td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td> <b>CITY</b><br/>           Putney         </td> <td> <b>STATE</b><br/>           VT         </td> <td> <b>ZIP CODE</b><br/>           05346-0760         </td> <td colspan="2">           Occupation<br/>           Retired         </td> <td colspan="2"></td> <td colspan="2"></td> </tr> </table>            |                    |                               |                                                             |                          | <b>B. FULL NAME</b><br>Gormley, Catherine, , ,                                                                                                                 |  |                   | Name of Employer<br>Retired |  | Date (month, day, year)<br>11/04/2022                                                                                                                          |  | Amount<br>1000.00 |  | MAILING ADDRESS<br>PO Box 760           |  |  | <b>Transaction ID : 15751805</b> |  |  |  |  |  | <b>CITY</b><br>Putney     | <b>STATE</b><br>VT | <b>ZIP CODE</b><br>05346-0760 | Occupation<br>Retired |  |  |  |  |  |
| <b>B. FULL NAME</b><br>Gormley, Catherine, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                               | Name of Employer<br>Retired                                 |                          | Date (month, day, year)<br>11/04/2022                                                                                                                          |  | Amount<br>1000.00 |                             |  |                                                                                                                                                                |  |                   |  |                                         |  |  |                                  |  |  |  |  |  |                           |                    |                               |                       |  |  |  |  |  |
| MAILING ADDRESS<br>PO Box 760                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                               | <b>Transaction ID : 15751805</b>                            |                          |                                                                                                                                                                |  |                   |                             |  |                                                                                                                                                                |  |                   |  |                                         |  |  |                                  |  |  |  |  |  |                           |                    |                               |                       |  |  |  |  |  |
| <b>CITY</b><br>Putney                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>STATE</b><br>VT | <b>ZIP CODE</b><br>05346-0760 | Occupation<br>Retired                                       |                          |                                                                                                                                                                |  |                   |                             |  |                                                                                                                                                                |  |                   |  |                                         |  |  |                                  |  |  |  |  |  |                           |                    |                               |                       |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> <b>C. FULL NAME</b><br/>           PLANNED PARENTHOOD ACTION FUND INC PAC, DBA PLANNED PARENTHOOD FEDERAL PAC         </td> <td colspan="2">           Name of Employer         </td> <td colspan="2">           Date (month, day, year)<br/>           11/03/2022         </td> <td colspan="2">           Amount<br/>           2000.00         </td> </tr> <tr> <td colspan="3">           MAILING ADDRESS<br/>           123 William St         </td> <td colspan="2"> <b>Transaction ID : 15754861</b> </td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td> <b>CITY</b><br/>           New York         </td> <td> <b>STATE</b><br/>           NY         </td> <td> <b>ZIP CODE</b><br/>           10038-3804         </td> <td colspan="2">           Occupation         </td> <td colspan="2"></td> <td colspan="2"></td> </tr> </table> |                    |                               |                                                             |                          | <b>C. FULL NAME</b><br>PLANNED PARENTHOOD ACTION FUND INC PAC, DBA PLANNED PARENTHOOD FEDERAL PAC                                                              |  |                   | Name of Employer            |  | Date (month, day, year)<br>11/03/2022                                                                                                                          |  | Amount<br>2000.00 |  | MAILING ADDRESS<br>123 William St       |  |  | <b>Transaction ID : 15754861</b> |  |  |  |  |  | <b>CITY</b><br>New York   | <b>STATE</b><br>NY | <b>ZIP CODE</b><br>10038-3804 | Occupation            |  |  |  |  |  |
| <b>C. FULL NAME</b><br>PLANNED PARENTHOOD ACTION FUND INC PAC, DBA PLANNED PARENTHOOD FEDERAL PAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                               | Name of Employer                                            |                          | Date (month, day, year)<br>11/03/2022                                                                                                                          |  | Amount<br>2000.00 |                             |  |                                                                                                                                                                |  |                   |  |                                         |  |  |                                  |  |  |  |  |  |                           |                    |                               |                       |  |  |  |  |  |
| MAILING ADDRESS<br>123 William St                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                               | <b>Transaction ID : 15754861</b>                            |                          |                                                                                                                                                                |  |                   |                             |  |                                                                                                                                                                |  |                   |  |                                         |  |  |                                  |  |  |  |  |  |                           |                    |                               |                       |  |  |  |  |  |
| <b>CITY</b><br>New York                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>STATE</b><br>NY | <b>ZIP CODE</b><br>10038-3804 | Occupation                                                  |                          |                                                                                                                                                                |  |                   |                             |  |                                                                                                                                                                |  |                   |  |                                         |  |  |                                  |  |  |  |  |  |                           |                    |                               |                       |  |  |  |  |  |
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| <b>D. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                               | Name of Employer                                            |                          | Date (month, day, year)                                                                                                                                        |  | Amount            |                             |  |                                                                                                                                                                |  |                   |  |                                         |  |  |                                  |  |  |  |  |  |                           |                    |                               |                       |  |  |  |  |  |
| MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                               |                                                             |                          |                                                                                                                                                                |  |                   |                             |  |                                                                                                                                                                |  |                   |  |                                         |  |  |                                  |  |  |  |  |  |                           |                    |                               |                       |  |  |  |  |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>STATE</b>       | <b>ZIP CODE</b>               | Occupation                                                  |                          |                                                                                                                                                                |  |                   |                             |  |                                                                                                                                                                |  |                   |  |                                         |  |  |                                  |  |  |  |  |  |                           |                    |                               |                       |  |  |  |  |  |
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| <b>E. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                               | Name of Employer                                            |                          | Date (month, day, year)                                                                                                                                        |  | Amount            |                             |  |                                                                                                                                                                |  |                   |  |                                         |  |  |                                  |  |  |  |  |  |                           |                    |                               |                       |  |  |  |  |  |
| MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                               |                                                             |                          |                                                                                                                                                                |  |                   |                             |  |                                                                                                                                                                |  |                   |  |                                         |  |  |                                  |  |  |  |  |  |                           |                    |                               |                       |  |  |  |  |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>STATE</b>       | <b>ZIP CODE</b>               | Occupation                                                  |                          |                                                                                                                                                                |  |                   |                             |  |                                                                                                                                                                |  |                   |  |                                         |  |  |                                  |  |  |  |  |  |                           |                    |                               |                       |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> <b>SIGNATURE (optional)</b><br/>           Williams, Mara, , ,         </td> <td colspan="2"> <b>DATE</b><br/>           11/05/2022         </td> <td colspan="4"> <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         </td> </tr> <tr> <td colspan="3" style="text-align: center;"> <b>[Electronically Filed]</b> </td> <td colspan="2"></td> <td colspan="4"></td> </tr> </table>                                                                                                                                                                                                                                                                                                                    |                    |                               |                                                             |                          | <b>SIGNATURE (optional)</b><br>Williams, Mara, , ,                                                                                                             |  |                   | <b>DATE</b><br>11/05/2022   |  | <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>           |  |  |                                  |  |  |  |  |  |                           |                    |                               |                       |  |  |  |  |  |
| <b>SIGNATURE (optional)</b><br>Williams, Mara, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                               | <b>DATE</b><br>11/05/2022                                   |                          | <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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**FEC FORM 6**  
(Revised 03/2016)