

# 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>Comer for Congress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                                                             |                                                        |                                                  |                                                                                                                                                                |  |  |                                                        |                                       |                   |                                                     |  |  |                                           |  |                           |                    |                               |                                    |  |  |
| <b>ADDRESS</b> (number and street) PO Box 338                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                             |                                                        |                                                  |                                                                                                                                                                |  |  |                                                        |                                       |                   |                                                     |  |  |                                           |  |                           |                    |                               |                                    |  |  |
| <b>CITY</b><br>Tompkinsville                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>STATE</b><br>KY | <b>ZIP CODE</b><br>42167-0338                               |                                                        |                                                  |                                                                                                                                                                |  |  |                                                        |                                       |                   |                                                     |  |  |                                           |  |                           |                    |                               |                                    |  |  |
| <b>2. NAME OF CANDIDATE</b><br>Comer, James, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House KY 01 |                                                        | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00588764 |                                                                                                                                                                |  |  |                                                        |                                       |                   |                                                     |  |  |                                           |  |                           |                    |                               |                                    |  |  |
| <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" style="padding: 5px;"> <b>A. FULL NAME</b><br/> Sanapati, Mahendra, , , </td> <td style="padding: 5px;"> Name of Employer<br/> Pain Management Centers of America </td> <td style="padding: 5px;"> Date (month, day, year)<br/> 05/02/2022 </td> <td style="padding: 5px;"> Amount<br/> 2900.00 </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <b>MAILING ADDRESS</b><br/> 10477 Ashton Ct </td> <td colspan="2" style="padding: 5px;"> <b>Transaction ID : 656BC8DF2CF184185</b> </td> </tr> <tr> <td style="padding: 5px;"> <b>CITY</b><br/> Newburgh </td> <td style="padding: 5px;"> <b>STATE</b><br/> IN </td> <td style="padding: 5px;"> <b>ZIP CODE</b><br/> 47630-8891 </td> <td style="padding: 5px;"> Occupation<br/> Physician </td> <td></td> <td></td> </tr> </table> |                    |                                                             |                                                        |                                                  | <b>A. FULL NAME</b><br>Sanapati, Mahendra, , ,                                                                                                                 |  |  | Name of Employer<br>Pain Management Centers of America | Date (month, day, year)<br>05/02/2022 | Amount<br>2900.00 | <b>MAILING ADDRESS</b><br>10477 Ashton Ct           |  |  | <b>Transaction ID : 656BC8DF2CF184185</b> |  | <b>CITY</b><br>Newburgh   | <b>STATE</b><br>IN | <b>ZIP CODE</b><br>47630-8891 | Occupation<br>Physician            |  |  |
| <b>A. FULL NAME</b><br>Sanapati, Mahendra, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                             | Name of Employer<br>Pain Management Centers of America | Date (month, day, year)<br>05/02/2022            | Amount<br>2900.00                                                                                                                                              |  |  |                                                        |                                       |                   |                                                     |  |  |                                           |  |                           |                    |                               |                                    |  |  |
| <b>MAILING ADDRESS</b><br>10477 Ashton Ct                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                                                             | <b>Transaction ID : 656BC8DF2CF184185</b>              |                                                  |                                                                                                                                                                |  |  |                                                        |                                       |                   |                                                     |  |  |                                           |  |                           |                    |                               |                                    |  |  |
| <b>CITY</b><br>Newburgh                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>STATE</b><br>IN | <b>ZIP CODE</b><br>47630-8891                               | Occupation<br>Physician                                |                                                  |                                                                                                                                                                |  |  |                                                        |                                       |                   |                                                     |  |  |                                           |  |                           |                    |                               |                                    |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> <b>B. FULL NAME</b><br/> Toyota Motor North America, INC PAC (Toyota/lexus Pac) </td> <td style="padding: 5px;"> Name of Employer </td> <td style="padding: 5px;"> Date (month, day, year)<br/> 05/02/2022 </td> <td style="padding: 5px;"> Amount<br/> 1000.00 </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <b>MAILING ADDRESS</b><br/> 325 7th St NW<br/> Ste 1000 </td> <td colspan="2" style="padding: 5px;"> <b>Transaction ID : 6F64258B3641C4D06</b> </td> </tr> <tr> <td style="padding: 5px;"> <b>CITY</b><br/> Washington </td> <td style="padding: 5px;"> <b>STATE</b><br/> DC </td> <td style="padding: 5px;"> <b>ZIP CODE</b><br/> 20004-2801 </td> <td style="padding: 5px;"> Occupation </td> <td></td> <td></td> </tr> </table>           |                    |                                                             |                                                        |                                                  | <b>B. FULL NAME</b><br>Toyota Motor North America, INC PAC (Toyota/lexus Pac)                                                                                  |  |  | Name of Employer                                       | Date (month, day, year)<br>05/02/2022 | Amount<br>1000.00 | <b>MAILING ADDRESS</b><br>325 7th St NW<br>Ste 1000 |  |  | <b>Transaction ID : 6F64258B3641C4D06</b> |  | <b>CITY</b><br>Washington | <b>STATE</b><br>DC | <b>ZIP CODE</b><br>20004-2801 | Occupation                         |  |  |
| <b>B. FULL NAME</b><br>Toyota Motor North America, INC PAC (Toyota/lexus Pac)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                             | Name of Employer                                       | Date (month, day, year)<br>05/02/2022            | Amount<br>1000.00                                                                                                                                              |  |  |                                                        |                                       |                   |                                                     |  |  |                                           |  |                           |                    |                               |                                    |  |  |
| <b>MAILING ADDRESS</b><br>325 7th St NW<br>Ste 1000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                                                             | <b>Transaction ID : 6F64258B3641C4D06</b>              |                                                  |                                                                                                                                                                |  |  |                                                        |                                       |                   |                                                     |  |  |                                           |  |                           |                    |                               |                                    |  |  |
| <b>CITY</b><br>Washington                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>STATE</b><br>DC | <b>ZIP CODE</b><br>20004-2801                               | Occupation                                             |                                                  |                                                                                                                                                                |  |  |                                                        |                                       |                   |                                                     |  |  |                                           |  |                           |                    |                               |                                    |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> <b>C. FULL NAME</b><br/> Bakshi, Sanjay, , , </td> <td style="padding: 5px;"> Name of Employer<br/> PRC Associates </td> <td style="padding: 5px;"> Date (month, day, year)<br/> 05/03/2022 </td> <td style="padding: 5px;"> Amount<br/> 2900.00 </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <b>MAILING ADDRESS</b><br/> 488 NE 18th St </td> <td colspan="2" style="padding: 5px;"> <b>Transaction ID : 6FDFCC24675644FD5</b> </td> </tr> <tr> <td style="padding: 5px;"> <b>CITY</b><br/> Miami </td> <td style="padding: 5px;"> <b>STATE</b><br/> FL </td> <td style="padding: 5px;"> <b>ZIP CODE</b><br/> 33132-1112 </td> <td style="padding: 5px;"> Occupation<br/> Doctor </td> <td></td> <td></td> </tr> </table>                                |                    |                                                             |                                                        |                                                  | <b>C. FULL NAME</b><br>Bakshi, Sanjay, , ,                                                                                                                     |  |  | Name of Employer<br>PRC Associates                     | Date (month, day, year)<br>05/03/2022 | Amount<br>2900.00 | <b>MAILING ADDRESS</b><br>488 NE 18th St            |  |  | <b>Transaction ID : 6FDFCC24675644FD5</b> |  | <b>CITY</b><br>Miami      | <b>STATE</b><br>FL | <b>ZIP CODE</b><br>33132-1112 | Occupation<br>Doctor               |  |  |
| <b>C. FULL NAME</b><br>Bakshi, Sanjay, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                             | Name of Employer<br>PRC Associates                     | Date (month, day, year)<br>05/03/2022            | Amount<br>2900.00                                                                                                                                              |  |  |                                                        |                                       |                   |                                                     |  |  |                                           |  |                           |                    |                               |                                    |  |  |
| <b>MAILING ADDRESS</b><br>488 NE 18th St                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                                             | <b>Transaction ID : 6FDFCC24675644FD5</b>              |                                                  |                                                                                                                                                                |  |  |                                                        |                                       |                   |                                                     |  |  |                                           |  |                           |                    |                               |                                    |  |  |
| <b>CITY</b><br>Miami                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>STATE</b><br>FL | <b>ZIP CODE</b><br>33132-1112                               | Occupation<br>Doctor                                   |                                                  |                                                                                                                                                                |  |  |                                                        |                                       |                   |                                                     |  |  |                                           |  |                           |                    |                               |                                    |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> <b>D. FULL NAME</b><br/> Deuser, Jack, , , </td> <td style="padding: 5px;"> Name of Employer<br/> The Smith-Free Group </td> <td style="padding: 5px;"> Date (month, day, year)<br/> 05/03/2022 </td> <td style="padding: 5px;"> Amount<br/> 1900.00 </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <b>MAILING ADDRESS</b><br/> 4717 Poplar Drive </td> <td colspan="2" style="padding: 5px;"> <b>Transaction ID : 6A9A8DBED25E840C</b> </td> </tr> <tr> <td style="padding: 5px;"> <b>CITY</b><br/> Alexandria </td> <td style="padding: 5px;"> <b>STATE</b><br/> VA </td> <td style="padding: 5px;"> <b>ZIP CODE</b><br/> 22310-1355 </td> <td style="padding: 5px;"> Occupation<br/> Government Relations </td> <td></td> <td></td> </tr> </table>       |                    |                                                             |                                                        |                                                  | <b>D. FULL NAME</b><br>Deuser, Jack, , ,                                                                                                                       |  |  | Name of Employer<br>The Smith-Free Group               | Date (month, day, year)<br>05/03/2022 | Amount<br>1900.00 | <b>MAILING ADDRESS</b><br>4717 Poplar Drive         |  |  | <b>Transaction ID : 6A9A8DBED25E840C</b>  |  | <b>CITY</b><br>Alexandria | <b>STATE</b><br>VA | <b>ZIP CODE</b><br>22310-1355 | Occupation<br>Government Relations |  |  |
| <b>D. FULL NAME</b><br>Deuser, Jack, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                                             | Name of Employer<br>The Smith-Free Group               | Date (month, day, year)<br>05/03/2022            | Amount<br>1900.00                                                                                                                                              |  |  |                                                        |                                       |                   |                                                     |  |  |                                           |  |                           |                    |                               |                                    |  |  |
| <b>MAILING ADDRESS</b><br>4717 Poplar Drive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                                                             | <b>Transaction ID : 6A9A8DBED25E840C</b>               |                                                  |                                                                                                                                                                |  |  |                                                        |                                       |                   |                                                     |  |  |                                           |  |                           |                    |                               |                                    |  |  |
| <b>CITY</b><br>Alexandria                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>STATE</b><br>VA | <b>ZIP CODE</b><br>22310-1355                               | Occupation<br>Government Relations                     |                                                  |                                                                                                                                                                |  |  |                                                        |                                       |                   |                                                     |  |  |                                           |  |                           |                    |                               |                                    |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> <b>E. FULL NAME</b> </td> <td style="padding: 5px;"> Name of Employer </td> <td style="padding: 5px;"> Date (month, day, year) </td> <td style="padding: 5px;"> Amount </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <b>MAILING ADDRESS</b> </td> <td colspan="2" style="padding: 5px;"> </td> </tr> <tr> <td style="padding: 5px;"> <b>CITY</b> </td> <td style="padding: 5px;"> <b>STATE</b> </td> <td style="padding: 5px;"> <b>ZIP CODE</b> </td> <td style="padding: 5px;"> Occupation </td> <td></td> <td></td> </tr> </table>                                                                                                                                                                                                                       |                    |                                                             |                                                        |                                                  | <b>E. FULL NAME</b>                                                                                                                                            |  |  | Name of Employer                                       | Date (month, day, year)               | Amount            | <b>MAILING ADDRESS</b>                              |  |  |                                           |  | <b>CITY</b>               | <b>STATE</b>       | <b>ZIP CODE</b>               | Occupation                         |  |  |
| <b>E. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                                                             | Name of Employer                                       | Date (month, day, year)                          | Amount                                                                                                                                                         |  |  |                                                        |                                       |                   |                                                     |  |  |                                           |  |                           |                    |                               |                                    |  |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                                             |                                                        |                                                  |                                                                                                                                                                |  |  |                                                        |                                       |                   |                                                     |  |  |                                           |  |                           |                    |                               |                                    |  |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>STATE</b>       | <b>ZIP CODE</b>                                             | Occupation                                             |                                                  |                                                                                                                                                                |  |  |                                                        |                                       |                   |                                                     |  |  |                                           |  |                           |                    |                               |                                    |  |  |
| <b>SIGNATURE (optional)</b><br>Lisker, Lisa, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                             | <b>DATE</b><br>05/04/2022                              |                                                  | <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)