# 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

*To be used to report all contributions (including loans) of $1000 or more, received within 20 days of the election.*

1. NAME OF COMMITTEE IN FULL
LISA MURKOWSKI FOR U.S. SENATE

ADDRESS (number and street) P.O. BOX 100847

| CITY | STATE | ZIP CODE |
|---|---|---|
| ANCHORAGE | AK | 99510 |

2. NAME OF CANDIDATE
MURKOWSKI, LISA, , ,

3. OFFICE SOUGHT (State and District)
Senate AK

4. FEC IDENTIFICATION NUMBER
C00384529

5. IS THIS AN AMENDMENT? [X] NO, THIS IS A NEW FILING [ ] YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____

| | | | | | |
|---|---|---|---|---|---|
| A. FULL NAME<br>OF INDIANS OF CONNECTICUT, MOHEGAN, TRIBE, ,<br>MAILING ADDRESS<br>13 CROW HILL ROAD | CITY<br>UNCASVILLE | STATE<br>CT | ZIP CODE<br>06382-1118 | Name of Employer<br>INDIAN TRIBE<br>Transaction ID : 6C112C0EADD644CB<br>Occupation<br>INDIAN TRIBE | Date (month, day, year)<br>10/27/2022 | Amount<br>1000.00 |
| B. FULL NAME<br>MARRS, CARL, H, ,<br>MAILING ADDRESS<br>2239 SORBUS WAY | CITY<br>ANCHORAGE | STATE<br>AK | ZIP CODE<br>99508-4051 | Name of Employer<br>OLD HARBOR NATIVE CORP<br>Transaction ID : 6BECE5DC2209D479<br>Occupation<br>CHIEF EXECUTIVE OFFICER | Date (month, day, year)<br>10/27/2022 | Amount<br>1500.00 |
| C. FULL NAME<br>WOOLLEY, JOHN, , ,<br>MAILING ADDRESS<br>1919 E BAYWOOD DR | CITY<br>SALT LAKE CITY | STATE<br>UT | ZIP CODE<br>84117-7644 | Name of Employer<br>VILLAGEMD<br>Transaction ID : 60F9E8947D267433E<br>Occupation<br>EXECUTIVE | Date (month, day, year)<br>10/27/2022 | Amount<br>2900.00 |
| D. FULL NAME<br>OF INDIANS OF CONNECTICUT, MOHEGAN, TRIBE, ,<br>MAILING ADDRESS<br>13 CROW HILL ROAD | CITY<br>UNCASVILLE | STATE<br>CT | ZIP CODE<br>06382-1118 | Name of Employer<br>INDIAN TRIBE<br>Transaction ID : 6D85D6D83840C4AB<br>Occupation<br>INDIAN TRIBE | Date (month, day, year)<br>10/27/2022 | Amount<br>1900.00 |
| E. FULL NAME<br>BOUNDS, TUCKER, , ,<br>MAILING ADDRESS<br>12231 SW TRYON HILL RD | CITY<br>PORTLAND | STATE<br>OR | ZIP CODE<br>97219-8314 | Name of Employer<br>META<br>Transaction ID : 6D2744C4241D94C0E<br>Occupation<br>COMMUNICATIONS | Date (month, day, year)<br>10/27/2022 | Amount<br>1000.00 |

SIGNATURE (optional)
*KOCH, TIMOTHY, , ,*

*[Electronically Filed]*

DATE
10/28/2022

**For further information contact:**
Federal Election Commission
999 E Street, NW, Washington, DC 20463
Toll Free 800-424-9530, Local 202-694-1100

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)

# 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

*To be used to report all contributions (including loans) of $1000 or more, received within 20 days of the election.*

1. **NAME OF COMMITTEE IN FULL**
LISA MURKOWSKI FOR U.S. SENATE

**ADDRESS** (number and street) P.O. BOX 100847

**CITY, STATE**, and **ZIP CODE**
ANCHORAGE AK 99510

***continuation page***

2. **NAME OF CANDIDATE**
MURKOWSKI, LISA, , ,

3. **OFFICE SOUGHT** (State and District)
Senate AK

4. **FEC IDENTIFICATION NUMBER**
C00384529

5. **IS THIS AN AMENDMENT?** [X] NO, THIS IS A NEW FILING [ ] YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____

| A. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer / Occupation | Date (month, day, year) | Amount |
|---|---|---|---|
| MISSISSIPPI BAND OF CHOCTAW INDIANS<br>PO BOX 6090<br>CHOCTAW MS 39350-6090 | **Transaction ID : 6F80161609B0B45268A1** | 10/27/2022 | 1000.00 |
| **B. FULL NAME, MAILING ADDRESS AND ZIP CODE** | Name of Employer / Occupation | Date (month, day, year) | Amount |
| BARNES & THORNBURG PAC<br>11 SOUTH MERIDIAN STREET<br>INDIANAPOLIS IN 46204 | **Transaction ID : 67DD355B6591C44A4B04** | 10/27/2022 | 2000.00 |
| **C. FULL NAME, MAILING ADDRESS AND ZIP CODE** | Name of Employer / Occupation | Date (month, day, year) | Amount |
| | | | |
| **D. FULL NAME, MAILING ADDRESS AND ZIP CODE** | Name of Employer / Occupation | Date (month, day, year) | Amount |
| | | | |
| **E. FULL NAME, MAILING ADDRESS AND ZIP CODE** | Name of Employer / Occupation | Date (month, day, year) | Amount |
| | | | |