

# 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>Haley Stevens for Congress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                                                             |                                 |                                                                                                                                                                |         |  |                  |                         |        |                                                       |  |  |                                 |            |         |                         |                    |                               |            |  |  |
| <b>ADDRESS</b> (number and street) 33717 Woodward Ave<br>#539                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                                                             |                                 |                                                                                                                                                                |         |  |                  |                         |        |                                                       |  |  |                                 |            |         |                         |                    |                               |            |  |  |
| <b>CITY</b><br>Birmingham                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>STATE</b><br>MI | <b>ZIP CODE</b><br>48009                                    |                                 |                                                                                                                                                                |         |  |                  |                         |        |                                                       |  |  |                                 |            |         |                         |                    |                               |            |  |  |
| <b>2. NAME OF CANDIDATE</b><br>Stevens, Haley, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House MI 11 |                                 |                                                                                                                                                                |         |  |                  |                         |        |                                                       |  |  |                                 |            |         |                         |                    |                               |            |  |  |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00638650                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                                             |                                 |                                                                                                                                                                |         |  |                  |                         |        |                                                       |  |  |                                 |            |         |                         |                    |                               |            |  |  |
| <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/>           Charter Communications Inc. Political Action Committee         </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><br/>           400 Atlantic St<br/>           Fl 10         </td> <td style="padding: 5px;"> <b>Transaction ID : 7803441</b> </td> <td style="padding: 5px;">           10/25/2022         </td> <td style="padding: 5px;">           2500.00         </td> </tr> <tr> <td style="padding: 5px;"> <b>CITY</b><br/>           Stamford         </td> <td style="padding: 5px;"> <b>STATE</b><br/>           CT         </td> <td style="padding: 5px;"> <b>ZIP CODE</b><br/>           06901-3512         </td> <td colspan="3" style="padding: 5px;">           Occupation         </td> </tr> </table>            |                    |                                                             |                                 | <b>A. FULL NAME</b><br>Charter Communications Inc. Political Action Committee                                                                                  |         |  | Name of Employer | Date (month, day, year) | Amount | <b>MAILING ADDRESS</b><br>400 Atlantic St<br>Fl 10    |  |  | <b>Transaction ID : 7803441</b> | 10/25/2022 | 2500.00 | <b>CITY</b><br>Stamford | <b>STATE</b><br>CT | <b>ZIP CODE</b><br>06901-3512 | Occupation |  |  |
| <b>A. FULL NAME</b><br>Charter Communications Inc. Political Action Committee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                                                             | Name of Employer                | Date (month, day, year)                                                                                                                                        | Amount  |  |                  |                         |        |                                                       |  |  |                                 |            |         |                         |                    |                               |            |  |  |
| <b>MAILING ADDRESS</b><br>400 Atlantic St<br>Fl 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                             | <b>Transaction ID : 7803441</b> | 10/25/2022                                                                                                                                                     | 2500.00 |  |                  |                         |        |                                                       |  |  |                                 |            |         |                         |                    |                               |            |  |  |
| <b>CITY</b><br>Stamford                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>STATE</b><br>CT | <b>ZIP CODE</b><br>06901-3512                               | Occupation                      |                                                                                                                                                                |         |  |                  |                         |        |                                                       |  |  |                                 |            |         |                         |                    |                               |            |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> <b>B. FULL NAME</b><br/>           Everytown for Gun Safety Action Fund, Inc. PAC (Everytown PAC)         </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><br/>           450 Lexington Ave<br/>           # 4184         </td> <td style="padding: 5px;"> <b>Transaction ID : 7803456</b> </td> <td style="padding: 5px;">           10/25/2022         </td> <td style="padding: 5px;">           1000.00         </td> </tr> <tr> <td style="padding: 5px;"> <b>CITY</b><br/>           New York         </td> <td style="padding: 5px;"> <b>STATE</b><br/>           NY         </td> <td style="padding: 5px;"> <b>ZIP CODE</b><br/>           10017-3904         </td> <td colspan="3" style="padding: 5px;">           Occupation         </td> </tr> </table> |                    |                                                             |                                 | <b>B. FULL NAME</b><br>Everytown for Gun Safety Action Fund, Inc. PAC (Everytown PAC)                                                                          |         |  | Name of Employer | Date (month, day, year) | Amount | <b>MAILING ADDRESS</b><br>450 Lexington Ave<br># 4184 |  |  | <b>Transaction ID : 7803456</b> | 10/25/2022 | 1000.00 | <b>CITY</b><br>New York | <b>STATE</b><br>NY | <b>ZIP CODE</b><br>10017-3904 | Occupation |  |  |
| <b>B. FULL NAME</b><br>Everytown for Gun Safety Action Fund, Inc. PAC (Everytown PAC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                             | Name of Employer                | Date (month, day, year)                                                                                                                                        | Amount  |  |                  |                         |        |                                                       |  |  |                                 |            |         |                         |                    |                               |            |  |  |
| <b>MAILING ADDRESS</b><br>450 Lexington Ave<br># 4184                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                             | <b>Transaction ID : 7803456</b> | 10/25/2022                                                                                                                                                     | 1000.00 |  |                  |                         |        |                                                       |  |  |                                 |            |         |                         |                    |                               |            |  |  |
| <b>CITY</b><br>New York                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>STATE</b><br>NY | <b>ZIP CODE</b><br>10017-3904                               | Occupation                      |                                                                                                                                                                |         |  |                  |                         |        |                                                       |  |  |                                 |            |         |                         |                    |                               |            |  |  |
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| <b>C. 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                      |                                                                                                                                                                |         |  |                  |                         |        |                                                       |  |  |                                 |            |         |                         |                    |                               |            |  |  |
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| <b>D. 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                      |                                                                                                                                                                |         |  |                  |                         |        |                                                       |  |  |                                 |            |         |                         |                    |                               |            |  |  |
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| <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>Marcotte, Maria, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                                                             | <b>DATE</b><br>10/27/2022       | <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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                                                             |                                 |                                                                                                                                                                |         |  |                  |                         |        |                                                       |  |  |                                 |            |         |                         |                    |                               |            |  |  |

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)