

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

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1. NAME OF COMMITTEE IN FULL KELLY FOR ALASKA																						
ADDRESS (number and street) 645 G ST STE 100-561																						
CITY ANCHORAGE		STATE AK		ZIP CODE 99501																		
2. NAME OF CANDIDATE TSHIBAKA, KELLY, , ,			3. OFFICE SOUGHT (State and District) Senate AK 00																			
4. FEC IDENTIFICATION NUMBER C00774570																						
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> A. FULL NAME ATHAS, TERRY, , , </td> <td> Name of Employer ALLIANT INSURANCE </td> <td> Date (month, day, year) 11/01/2022 </td> <td> Amount 5800.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 301WEST AVENUE </td> <td> Transaction ID : F6.82621 </td> <td></td> <td></td> </tr> <tr> <td> CITY AUSTIN </td> <td> STATE TX </td> <td> ZIP CODE 78701 </td> <td> Occupation SALES </td> <td></td> <td></td> </tr> </table>					A. FULL NAME ATHAS, TERRY, , ,			Name of Employer ALLIANT INSURANCE	Date (month, day, year) 11/01/2022	Amount 5800.00	MAILING ADDRESS 301WEST AVENUE			Transaction ID : F6.82621			CITY AUSTIN	STATE TX	ZIP CODE 78701	Occupation SALES		
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SIGNATURE (optional) RUEDRICH, RANDY, , ,			DATE 11/03/2022		For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																	
[Electronically Filed]																						

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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6
(Revised 03/2016)

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		4. FEC IDENTIFICATION NUMBER C00774570	
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE			
MAGUIRE, BRIAN, , , 1300 SW HOFFMAN RD WEST LINN OR 97068		Name of Employer NET2VAULT LLC Transaction ID : F6.82616 Occupation CEO	
		Date (month, day, year) 11/01/2022	
		Amount 1000.00	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
MCQUEEN, WILMA, , , 1256 TERRA RD TRAVERSE CITY MI 49686		Name of Employer RETIRED Transaction ID : F6.82623 Occupation RETIRED	
		Date (month, day, year) 11/01/2022	
		Amount 1000.00	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
MICKLE, BRIAN, , , 115 LOYD ST PEARL MS 39208		Name of Employer SELF-EMPLOYED Transaction ID : F6.82620 Occupation TRANSPORTATION	
		Date (month, day, year) 11/01/2022	
		Amount 1000.00	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
PATER, EILEEN, , , 2410 COFFEE POT BOULEVARD NORTHEAS ST PETERSBURG FL 33704		Name of Employer RETIRED Transaction ID : F6.82628 Occupation RETIRED	
		Date (month, day, year) 11/01/2022	
		Amount 1000.00	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
SCRIBNER, CAROL, , , 165 SHADOW ROCK DRIVE SEDONA AZ 86336		Name of Employer RETIRED Transaction ID : F6.82632 Occupation RETIRED	
		Date (month, day, year) 11/01/2022	
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continuation page

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE SMITH, KENNETH, , , 2654 HAVITUR WAY ANCHORAGE AK 99504			
Name of Employer RETIRED Transaction ID : F6.82631 Occupation RETIRED		Date (month, day, year) 11/01/2022 Amount 1000.00	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE STENQUIST, RUSSELL, , , 201 WEST RESERVE ALPINE WY 83128			
Name of Employer MASYS Transaction ID : F6.82625 Occupation CONSULTING		Date (month, day, year) 11/01/2022 Amount 1000.00	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE WARD, MIKE, , , 5495 BELT LINE ROAD SUITE 200 DALLAS TX 75254			
Name of Employer DOUBLE DIAMOND INC Transaction ID : F6.82629 Occupation DEVELOPER		Date (month, day, year) 11/01/2022 Amount 1000.00	
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 	