

# 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<br><b>Chrissy Houlahan for Congress</b>                                                                                                    |             |                                                      |                                                                                                                                                         |
| ADDRESS (number and street) PO Box 222                                                                                                                                  |             |                                                      |                                                                                                                                                         |
| CITY<br>Devon                                                                                                                                                           | STATE<br>PA | ZIP CODE<br>19333                                    |                                                                                                                                                         |
| 2. NAME OF CANDIDATE<br>Houlahan, Chrissy, , ,                                                                                                                          |             | 3. OFFICE SOUGHT (State and District)<br>House PA 06 |                                                                                                                                                         |
|                                                                                                                                                                         |             | 4. FEC IDENTIFICATION NUMBER<br>C00637371            |                                                                                                                                                         |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |             |                                                      |                                                                                                                                                         |
| A. FULL NAME<br><b>Basher, Lori, K, ,</b>                                                                                                                               |             | Name of Employer<br>Tech Strategies Group Inc.       |                                                                                                                                                         |
| MAILING ADDRESS<br>1004 Ashley Rd                                                                                                                                       |             | Date (month, day, year)<br>05/01/2022                |                                                                                                                                                         |
| CITY<br>West Chester                                                                                                                                                    | STATE<br>PA | ZIP CODE<br>19382-7561                               | Amount<br>2900.00                                                                                                                                       |
|                                                                                                                                                                         |             | Transaction ID : VTEE3YS8MP8                         |                                                                                                                                                         |
|                                                                                                                                                                         |             | Occupation<br>It Consultant                          |                                                                                                                                                         |
| B. FULL NAME<br><b>Slotznick, Michael, , ,</b>                                                                                                                          |             | Name of Employer<br>Self-Employed                    |                                                                                                                                                         |
| MAILING ADDRESS<br>1020 Little Shiloh Rd                                                                                                                                |             | Date (month, day, year)<br>05/01/2022                |                                                                                                                                                         |
| CITY<br>West Chester                                                                                                                                                    | STATE<br>PA | ZIP CODE<br>19382-7664                               | Amount<br>1000.00                                                                                                                                       |
|                                                                                                                                                                         |             | Transaction ID : VTEE3YS8MR3                         |                                                                                                                                                         |
|                                                                                                                                                                         |             | Occupation<br>Attorney                               |                                                                                                                                                         |
| C. FULL NAME                                                                                                                                                            |             | Name of Employer                                     |                                                                                                                                                         |
| MAILING ADDRESS                                                                                                                                                         |             | Date (month, day, year)                              |                                                                                                                                                         |
| CITY                                                                                                                                                                    | STATE       | ZIP CODE                                             | Amount                                                                                                                                                  |
|                                                                                                                                                                         |             | Occupation                                           |                                                                                                                                                         |
| D. FULL NAME                                                                                                                                                            |             | Name of Employer                                     |                                                                                                                                                         |
| MAILING ADDRESS                                                                                                                                                         |             | Date (month, day, year)                              |                                                                                                                                                         |
| CITY                                                                                                                                                                    | STATE       | ZIP CODE                                             | Amount                                                                                                                                                  |
|                                                                                                                                                                         |             | Occupation                                           |                                                                                                                                                         |
| E. FULL NAME                                                                                                                                                            |             | Name of Employer                                     |                                                                                                                                                         |
| MAILING ADDRESS                                                                                                                                                         |             | Date (month, day, year)                              |                                                                                                                                                         |
| CITY                                                                                                                                                                    | STATE       | ZIP CODE                                             | Amount                                                                                                                                                  |
|                                                                                                                                                                         |             | Occupation                                           |                                                                                                                                                         |
| SIGNATURE (optional)<br>Janelli, Steven, , ,                                                                                                                            |             | DATE<br>05/03/2022                                   | For further information contact:<br>Federal Election Commission<br>999 E Street, NW, Washington, DC 20463<br>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)