

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 Pfaff for Congress				
ADDRESS (number and street) PO Box 3606				
CITY La Crosse		STATE WI		ZIP CODE 54602
2. NAME OF CANDIDATE Pfaff, Brad, , ,			3. OFFICE SOUGHT (State and District) House WI 03	
4. FEC IDENTIFICATION NUMBER C00790543				
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____				
A. FULL NAME D.R.I.V.E. - DEMOCRAT, REPUBLICAN, INDEPENDENT VOTER EDUCATION (THE PAC OF THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS)				
MAILING ADDRESS 25 Louisiana Ave NW			Name of Employer Transaction ID : 5778102	
CITY Washington	STATE DC	ZIP CODE 20001-2130	Date (month, day, year) 10/25/2022	
			Amount 5000.00	
B. FULL NAME Delmastro, Dean, , ,				
MAILING ADDRESS 3716 Partridge Run			Name of Employer Marshfield Clinic	
CITY Eau Claire	STATE WI	ZIP CODE 54701-5630	Date (month, day, year) 10/24/2022	
			Amount 1000.00	
C. FULL NAME Hands, Larry, , ,				
MAILING ADDRESS 404 S Blount St Unit 101			Name of Employer Hands & Assoc.	
CITY Madison	STATE WI	ZIP CODE 53703-3578	Date (month, day, year) 10/24/2022	
			Amount 2900.00	
D. FULL NAME Henry, Sarah, , ,				
MAILING ADDRESS 110 School St			Name of Employer Not Employed	
CITY Concord	STATE NH	ZIP CODE 03301-2907	Date (month, day, year) 10/24/2022	
			Amount 1000.00	
E. FULL NAME Kendrick-Hands, Karen, , ,				
MAILING ADDRESS 404 S Blount St Unit 101			Name of Employer City Knits	
CITY Madison	STATE WI	ZIP CODE 53703-3578	Date (month, day, year) 10/24/2022	
			Amount 2900.00	
SIGNATURE (optional) Hendricks, John, , ,			DATE 10/26/2022	
[Electronically Filed]			For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100	

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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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A. FULL NAME, MAILING ADDRESS AND ZIP CODE Laxton, Steve, , , 612 E Main St Sparta WI 54656-1927 Name of Employer MATOUSEK LAXTON & DAVIS LAW OFFICES Transaction ID : 5749790 Occupation Attorney Date (month, day, year) 10/25/2022 Amount 1000.00			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Layden Jr, Don, W, , 923 E Kilbourn Ave Unit 2901 Milwaukee WI 53202-3990 Name of Employer Quarles & Brady Transaction ID : 5739547 Occupation Partner Date (month, day, year) 10/25/2022 Amount 1000.00			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE PLANNED PARENTHOOD ACTION FUND INC PAC, DBA PLANNED PARENTHOOD FEDERAL PAC 123 William St New York NY 10038-3804 Name of Employer Not Employed Transaction ID : 5802096 Occupation Not Employed Date (month, day, year) 10/25/2022 Amount 2500.00			
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Randall, Linda, , , 200 Bingham Rd Columbia MO 65203-3505 Name of Employer Not Employed Transaction ID : 5715533 Occupation Not Employed Date (month, day, year) 10/24/2022 Amount 1000.00			
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Simon, Thor, , , 116 Pinehurst Ave Apt T11 New York NY 10033-1838 Name of Employer Hawkfish Transaction ID : 5750039 Occupation Consultant Date (month, day, year) 10/25/2022 Amount 1000.00			

continuation page

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE Sinnott, Mark, , , 224 N Page St Stoughton WI 53589-1639			
Name of Employer BPP Inc. Transaction ID : 5768564 Occupation Operations Director		Date (month, day, year) 10/25/2022 Amount 1500.00	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Timmer, Jennifer, , , 15 Sands Rd Rochester NY 14624-2221			
Name of Employer Self Employed Transaction ID : 5717598 Occupation CPA		Date (month, day, year) 10/24/2022 Amount 2900.00	
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	