

# 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>SARAH FOR ALASKA                                                                                                                        |  |                    |                                                                                                                                                                |                          |
| ADDRESS (number and street) P.O. BOX 871235                                                                                                                                    |  |                    |                                                                                                                                                                |                          |
| <b>CITY</b><br>WASILLA                                                                                                                                                         |  | <b>STATE</b><br>AK |                                                                                                                                                                | <b>ZIP CODE</b><br>99687 |
| <b>2. NAME OF CANDIDATE</b><br>PALIN, SARAH, , ,                                                                                                                               |  |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House AK 00                                                                                                    |                          |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00811323                                                                                                                               |  |                    |                                                                                                                                                                |                          |
| <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 _____ / _____ / _____ |  |                    |                                                                                                                                                                |                          |
| <b>A. FULL NAME</b><br>COOMBS, JOHN, , ,                                                                                                                                       |  |                    |                                                                                                                                                                |                          |
| MAILING ADDRESS<br>3803 BAYONNE DR SE                                                                                                                                          |  |                    | Name of Employer<br>RETIRED                                                                                                                                    |                          |
| CITY<br>SALEM                                                                                                                                                                  |  |                    | Date (month, day, year)<br>08/08/2022                                                                                                                          |                          |
| STATE<br>OR                                                                                                                                                                    |  |                    | Amount<br>2000.00                                                                                                                                              |                          |
| ZIP CODE<br>97317                                                                                                                                                              |  |                    | Transaction ID : F6.52021                                                                                                                                      |                          |
| <b>B. FULL NAME</b><br>KALYN, MIKE, , ,                                                                                                                                        |  |                    |                                                                                                                                                                |                          |
| MAILING ADDRESS<br>1853 HILOCHEE RIDGE RD                                                                                                                                      |  |                    | Name of Employer<br>MK TRUCKING                                                                                                                                |                          |
| CITY<br>CLERMONT                                                                                                                                                               |  |                    | Date (month, day, year)<br>08/08/2022                                                                                                                          |                          |
| STATE<br>FL                                                                                                                                                                    |  |                    | Amount<br>11600.00                                                                                                                                             |                          |
| ZIP CODE<br>34714                                                                                                                                                              |  |                    | Transaction ID : F6.52023                                                                                                                                      |                          |
| <b>C. FULL NAME</b><br>MURPHEY, WELLES, , ,                                                                                                                                    |  |                    |                                                                                                                                                                |                          |
| MAILING ADDRESS<br>56 FRESHWATER                                                                                                                                               |  |                    | Name of Employer<br>RETIRED                                                                                                                                    |                          |
| CITY<br>HILTON HEAD ISLAND                                                                                                                                                     |  |                    | Date (month, day, year)<br>08/08/2022                                                                                                                          |                          |
| STATE<br>SC                                                                                                                                                                    |  |                    | Amount<br>1000.00                                                                                                                                              |                          |
| ZIP CODE<br>29928                                                                                                                                                              |  |                    | Transaction ID : F6.52018                                                                                                                                      |                          |
| <b>D. FULL NAME</b><br>SCHNATTER, JOHN, , ,                                                                                                                                    |  |                    |                                                                                                                                                                |                          |
| MAILING ADDRESS<br>4395 GORDON DRIVE                                                                                                                                           |  |                    | Name of Employer<br>RETIRED                                                                                                                                    |                          |
| CITY<br>NAPLES                                                                                                                                                                 |  |                    | Date (month, day, year)<br>08/08/2022                                                                                                                          |                          |
| STATE<br>FL                                                                                                                                                                    |  |                    | Amount<br>11600.00                                                                                                                                             |                          |
| ZIP CODE<br>34102                                                                                                                                                              |  |                    | Transaction ID : F6.52020                                                                                                                                      |                          |
| <b>E. FULL NAME</b><br><br>                                                                                                                                                    |  |                    |                                                                                                                                                                |                          |
| MAILING ADDRESS<br><br>                                                                                                                                                        |  |                    | Name of Employer<br><br>                                                                                                                                       |                          |
| CITY<br><br>                                                                                                                                                                   |  |                    | Date (month, day, year)<br><br>                                                                                                                                |                          |
| STATE<br><br>                                                                                                                                                                  |  |                    | Amount<br><br>                                                                                                                                                 |                          |
| ZIP CODE<br><br>                                                                                                                                                               |  |                    | Occupation<br><br>                                                                                                                                             |                          |
| <b>SIGNATURE (optional)</b><br>CRATE, BRADLEY, T., MR.,                                                                                                                        |  |                    | <b>DATE</b><br>08/10/2022                                                                                                                                      |                          |
| [Electronically Filed]                                                                                                                                                         |  |                    | <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 |                          |

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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)