

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 Diana DeGette for Congress																																																																																														
ADDRESS (number and street) PO Box 61337																																																																																														
CITY Denver	STATE CO	ZIP CODE 80206																																																																																												
2. NAME OF CANDIDATE DeGette, Diana, L, ,		3. OFFICE SOUGHT (State and District) House CO 01																																																																																												
4. FEC IDENTIFICATION NUMBER C00311639																																																																																														
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" style="padding: 5px;"> A. FULL NAME Boilermakers Blacksmiths LEAP </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;"> MAILING ADDRESS 753 State Ave Ste 565 </td> <td colspan="2" style="padding: 5px;"> Transaction ID : VTECDYP0SH7 </td> <td rowspan="3" style="padding: 5px; text-align: center; vertical-align: middle;"> 10/26/2022 3000.00 </td> </tr> <tr> <td style="padding: 5px;"> CITY Kansas City </td> <td style="padding: 5px;"> STATE KS </td> <td style="padding: 5px;"> ZIP CODE 66101-2511 </td> <td colspan="2" style="padding: 5px;"> Occupation </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> B. FULL NAME International Association of Fire Fighters </td> <td colspan="2" style="padding: 5px;"> Name of Employer </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> MAILING ADDRESS 1750 New York Ave NW Ste 300 </td> <td colspan="2" style="padding: 5px;"> Transaction ID : VTECDYP0SG9 </td> <td rowspan="3" style="padding: 5px; text-align: center; vertical-align: middle;"> 10/25/2022 2500.00 </td> </tr> <tr> <td style="padding: 5px;"> CITY Washington </td> <td style="padding: 5px;"> STATE DC </td> <td style="padding: 5px;"> ZIP CODE 20006-5301 </td> <td colspan="2" style="padding: 5px;"> Occupation </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> C. FULL NAME </td> <td colspan="2" style="padding: 5px;"> Name of Employer </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> MAILING ADDRESS </td> <td colspan="2" style="padding: 5px;"> Date (month, day, year) </td> <td rowspan="3" style="padding: 5px; text-align: center; vertical-align: middle;"> Amount </td> </tr> <tr> <td style="padding: 5px;"> CITY </td> <td style="padding: 5px;"> STATE </td> <td style="padding: 5px;"> ZIP CODE </td> <td colspan="2" style="padding: 5px;"> Occupation </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> D. FULL NAME </td> <td colspan="2" style="padding: 5px;"> Name of Employer </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> MAILING ADDRESS </td> <td colspan="2" style="padding: 5px;"> Date (month, day, year) </td> <td rowspan="3" style="padding: 5px; text-align: center; vertical-align: middle;"> Amount </td> </tr> <tr> <td style="padding: 5px;"> CITY </td> <td style="padding: 5px;"> STATE </td> <td style="padding: 5px;"> ZIP CODE </td> <td colspan="2" style="padding: 5px;"> Occupation </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> E. FULL NAME </td> <td colspan="2" style="padding: 5px;"> Name of Employer </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> MAILING ADDRESS </td> <td colspan="2" style="padding: 5px;"> Date (month, day, year) </td> <td rowspan="3" style="padding: 5px; text-align: center; vertical-align: middle;"> Amount </td> </tr> <tr> <td style="padding: 5px;"> CITY </td> <td style="padding: 5px;"> STATE </td> <td style="padding: 5px;"> ZIP CODE </td> <td colspan="2" style="padding: 5px;"> Occupation </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> SIGNATURE (optional) Neel, Edgar, , , </td> <td colspan="2" style="padding: 5px;"> DATE 10/27/2022 </td> </tr> <tr> <td colspan="3" style="padding: 5px; text-align: center;"> [Electronically Filed] </td> <td colspan="2" style="padding: 5px;"> For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100 </td> </tr> </table>				A. FULL NAME Boilermakers Blacksmiths LEAP			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS 753 State Ave Ste 565			Transaction ID : VTECDYP0SH7		10/26/2022 3000.00	CITY Kansas City	STATE KS	ZIP CODE 66101-2511	Occupation		B. FULL NAME International Association of Fire Fighters			Name of Employer		MAILING ADDRESS 1750 New York Ave NW Ste 300			Transaction ID : VTECDYP0SG9		10/25/2022 2500.00	CITY Washington	STATE DC	ZIP CODE 20006-5301	Occupation		C. FULL NAME 			Name of Employer		MAILING ADDRESS 			Date (month, day, year)		Amount	CITY 	STATE 	ZIP CODE 	Occupation		D. FULL NAME 			Name of Employer		MAILING ADDRESS 			Date (month, day, year)		Amount	CITY 	STATE 	ZIP CODE 	Occupation		E. FULL NAME 			Name of Employer		MAILING ADDRESS 			Date (month, day, year)		Amount	CITY 	STATE 	ZIP CODE 	Occupation		SIGNATURE (optional) Neel, Edgar, , ,			DATE 10/27/2022		[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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FEC FORM 6
(Revised 03/2016)