

# 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>FRIENDS OF TODD YOUNG, INC.                                                                                                             |                    |                                                           |  |
| <b>ADDRESS</b> (number and street) PO BOX 3743                                                                                                                                 |                    |                                                           |  |
| <b>CITY</b><br>CARMEL                                                                                                                                                          | <b>STATE</b><br>IN | <b>ZIP CODE</b><br>46082                                  |  |
| <b>2. NAME OF CANDIDATE</b><br>YOUNG, TODD, CHRISTOPHER, ,                                                                                                                     |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>Senate IN |  |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00459255                                                                                                                               |                    |                                                           |  |
| <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>LOCKHEED MARTIN CORPORATION EMPLOYEES' PAC      | Name of Employer                 | Date (month, day, year)       | Amount                                                                                                                                                         |
| <b>MAILING ADDRESS</b><br>1550 CRYSTAL DRIVE<br>SUITE 300              | <b>Transaction ID : TX134781</b> | 04/25/2022                    | 1500.00                                                                                                                                                        |
| <b>CITY</b><br>ARLINGTON                                               | <b>STATE</b><br>VA               | <b>ZIP CODE</b><br>22202-4110 | Occupation                                                                                                                                                     |
| <b>B. FULL NAME</b><br>CINTAS CORPORATION PARTNERS PAC                 | Name of Employer                 | Date (month, day, year)       | Amount                                                                                                                                                         |
| <b>MAILING ADDRESS</b><br>6800 CINTAS BOULEVARD                        | <b>Transaction ID : TX134782</b> | 04/25/2022                    | 1500.00                                                                                                                                                        |
| <b>CITY</b><br>MASON                                                   | <b>STATE</b><br>OH               | <b>ZIP CODE</b><br>45040-9151 | Occupation                                                                                                                                                     |
| <b>C. FULL NAME</b><br>AMERICAN HEALTH CARE ASSOCIATION PAC - AHCA-PAC | Name of Employer                 | Date (month, day, year)       | Amount                                                                                                                                                         |
| <b>MAILING ADDRESS</b><br>1201 L. STREET NW                            | <b>Transaction ID : TX134783</b> | 04/25/2022                    | 4000.00                                                                                                                                                        |
| <b>CITY</b><br>WASHINGTON                                              | <b>STATE</b><br>DC               | <b>ZIP CODE</b><br>20005-4024 | Occupation                                                                                                                                                     |
| <b>D. FULL NAME</b><br>NIXON PEABODY LLP PAC                           | Name of Employer                 | Date (month, day, year)       | Amount                                                                                                                                                         |
| <b>MAILING ADDRESS</b><br>1300 CLINTON SQUARE                          | <b>Transaction ID : TX134784</b> | 04/25/2022                    | 2000.00                                                                                                                                                        |
| <b>CITY</b><br>ROCHESTER                                               | <b>STATE</b><br>NY               | <b>ZIP CODE</b><br>14604-1707 | Occupation                                                                                                                                                     |
| <b>E. FULL NAME</b><br>DECK, GREGG, L., ,                              | Name of Employer<br>BESCO        | Date (month, day, year)       | Amount                                                                                                                                                         |
| <b>MAILING ADDRESS</b><br>690 E STATE RD 250                           | <b>Transaction ID : TX134773</b> | 04/25/2022                    | 2900.00                                                                                                                                                        |
| <b>CITY</b><br>BROWNSTOWN                                              | <b>STATE</b><br>IN               | <b>ZIP CODE</b><br>47220-9619 | Occupation<br>PRESIDENT AND CEO                                                                                                                                |
| <b>SIGNATURE (optional)</b><br>WUSLICH, JEFF, , ,                      |                                  | <b>DATE</b><br>04/26/2022     | <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 |
| [Electronically Filed]                                                 |                                  |                               |                                                                                                                                                                |

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)

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>FRIENDS OF TODD YOUNG, INC.                                                                                                             |  |                                                                                                                    |  |
| ADDRESS (number and street) PO BOX 3743                                                                                                                                 |  |                                                                                                                    |  |
| CITY, STATE, and ZIP CODE<br>CARMEL IN 46082                                                                                                                            |  |                                                                                                                    |  |
| 2. NAME OF CANDIDATE<br>YOUNG, TODD, CHRISTOPHER, ,                                                                                                                     |  | 3. OFFICE SOUGHT (State and District)<br>Senate IN                                                                 |  |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00459255                                                                          |  |
| 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 _____ / _____ / _____ |  |                                                                                                                    |  |
| continuation page                                                                                                                                                       |  |                                                                                                                    |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>HOCHBERG, ANDREW, , ,<br><br>77 SOUTH DEERE PARK DRIVE<br><br>HIGHLAND PARK IL 60035-5370                                 |  | Name of Employer<br>NEST REALTY LLC<br><br>Transaction ID : TX134780<br>Occupation<br>INVESTOR                     |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>04/25/2022                                                                              |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                                  |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>IWANOWSKI, RAYMOND, , ,<br><br>823 PARK AVENUE<br>APT 11<br>NEW YORK NY 10021-2849                                        |  | Name of Employer<br>SECOR ASSET MANAGEMENT<br><br>Transaction ID : TX134795<br>Occupation<br>INVESTMENT MANAGEMENT |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>04/25/2022                                                                              |  |
|                                                                                                                                                                         |  | Amount<br>2900.00                                                                                                  |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>LEVIN, JACK, , ,<br><br>985 SHERIDAN ROAD<br><br>WINNETKA IL 60093-1558                                                   |  | Name of Employer<br>KIRKLAND & ELLIS LLP<br><br>Transaction ID : TX134790<br>Occupation<br>ATTORNEY                |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>04/25/2022                                                                              |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                                  |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>MACKESY, D., SCOTT, ,<br><br>25 OAKLEDGE ROAD<br><br>BRONXVILLE NY 10708-4941                                             |  | Name of Employer<br>WCAS<br><br>Transaction ID : TX134772<br>Occupation<br>MP                                      |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>04/25/2022                                                                              |  |
|                                                                                                                                                                         |  | Amount<br>5800.00                                                                                                  |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>PERETZ, AVI, , ,<br><br>10227 E. GOLD DUST AVE<br><br>SCOTTSDALE AZ 85258-4938                                            |  | Name of Employer<br>WOOD RIVER PROPERTIES, LLC<br><br>Transaction ID : TX134789<br>Occupation<br>REAL ESTATE       |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>04/25/2022                                                                              |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                                  |  |

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>FRIENDS OF TODD YOUNG, INC.                                                                                                             |  |                                                    |  |
| ADDRESS (number and street) PO BOX 3743                                                                                                                                 |  |                                                    |  |
| CITY, STATE, and ZIP CODE<br>CARMEL IN 46082                                                                                                                            |  |                                                    |  |
| 2. NAME OF CANDIDATE<br>YOUNG, TODD, CHRISTOPHER, ,                                                                                                                     |  | 3. OFFICE SOUGHT (State and District)<br>Senate IN |  |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00459255          |  |
| 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, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                    |  |
| PERRY, JEFFREY, , ,                                                                                                                                                     |  | Name of Employer<br>EXECUTIVE SALES CONSULTANT     |  |
| 4787 SOUTH VALLEYVIEW ROAD                                                                                                                                              |  | Date (month, day, year)<br>04/25/2022              |  |
| WEST BLOOMFIELD MI 48323-3368                                                                                                                                           |  | Amount<br>2900.00                                  |  |
|                                                                                                                                                                         |  | Transaction ID : TX134785                          |  |
|                                                                                                                                                                         |  | Occupation<br>ROCKET AUTO                          |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                    |  |
| SIMON, JOSHUA, , ,                                                                                                                                                      |  | Name of Employer<br>SIMONCRE                       |  |
| 6900 E 2ND STREET                                                                                                                                                       |  | Date (month, day, year)<br>04/25/2022              |  |
| SCOTTSDALE AZ 85251-5305                                                                                                                                                |  | Amount<br>2900.00                                  |  |
|                                                                                                                                                                         |  | Transaction ID : TX134792                          |  |
|                                                                                                                                                                         |  | Occupation<br>CEO                                  |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                    |  |
|                                                                                                                                                                         |  | Name of Employer                                   |  |
|                                                                                                                                                                         |  | Date (month, day, year)                            |  |
|                                                                                                                                                                         |  | Amount                                             |  |
|                                                                                                                                                                         |  | Occupation                                         |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                    |  |
|                                                                                                                                                                         |  | Name of Employer                                   |  |
|                                                                                                                                                                         |  | Date (month, day, year)                            |  |
|                                                                                                                                                                         |  | Amount                                             |  |
|                                                                                                                                                                         |  | Occupation                                         |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                    |  |
|                                                                                                                                                                         |  | Name of Employer                                   |  |
|                                                                                                                                                                         |  | Date (month, day, year)                            |  |
|                                                                                                                                                                         |  | Amount                                             |  |
|                                                                                                                                                                         |  | Occupation                                         |  |

continuation page