

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 FOR CONGRESS																						
ADDRESS (number and street) PO BOX 7208																						
CITY KINGSPORT		STATE TN	ZIP CODE 37664																			
2. NAME OF CANDIDATE HARSHBARGER, DIANA, , ,			3. OFFICE SOUGHT (State and District) House TN 01																			
4. FEC IDENTIFICATION NUMBER C00741090																						
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">A. FULL NAME Blaire, Michael, , ,</td> <td>Name of Employer Wedgewood Pharmacy</td> <td>Date (month, day, year) 10/23/2022</td> <td>Amount 1000.00</td> </tr> <tr> <td colspan="3">MAILING ADDRESS 10921 North 140Th Way</td> <td>Transaction ID : F6.53858</td> <td></td> <td></td> </tr> <tr> <td>CITY Scottsdale</td> <td>STATE AZ</td> <td>ZIP CODE 85259</td> <td>Occupation Pharmacist</td> <td></td> <td></td> </tr> </table>					A. FULL NAME Blaire, Michael, , ,			Name of Employer Wedgewood Pharmacy	Date (month, day, year) 10/23/2022	Amount 1000.00	MAILING ADDRESS 10921 North 140Th Way			Transaction ID : F6.53858			CITY Scottsdale	STATE AZ	ZIP CODE 85259	Occupation Pharmacist		
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SIGNATURE (optional) Phillips, Robert, , , III			DATE 10/24/2022	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 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)

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5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE Nekuri, Suresh, , , 2520 Rivermont Circle Kingsport TN 37660	Name of Employer Patient choice Transaction ID : F6.53854 Occupation Physician	Date (month, day, year) 10/22/2022	Amount 1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
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