

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 People for Derek Kilmer			
ADDRESS (number and street) PO Box 1381			
CITY Tacoma		STATE WA	ZIP CODE 98402
2. NAME OF CANDIDATE Kilmer, Derek, , ,		3. OFFICE SOUGHT (State and District) House WA 06	
4. FEC IDENTIFICATION NUMBER C00514893			
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 American Medical Association PAC			
MAILING ADDRESS 25 Massachusetts Ave NW Ste 600		Name of Employer Date (month, day, year) 07/26/2018	
CITY Washington	STATE DC	ZIP CODE 20001-7400	Amount 1000.00
		Transaction ID : VR0JSM9W7A8	
B. FULL NAME Grinstein, Gerald, , ,			
MAILING ADDRESS 999 3Rd Ave Fl 34		Name of Employer Date (month, day, year) 07/25/2018	
CITY Seattle	STATE WA	ZIP CODE 98104-4019	Amount 2700.00
		Transaction ID : VR0JSM9S6P6	
C. FULL NAME Grinstein, Gerald, , ,			
MAILING ADDRESS 999 3Rd Ave Fl 34		Name of Employer Date (month, day, year) 07/25/2018	
CITY Seattle	STATE WA	ZIP CODE 98104-4019	Amount 2700.00
		Transaction ID : VR0JSM9S881	
D. FULL NAME INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC			
MAILING ADDRESS 1900 K St NW Ste 700		Name of Employer Date (month, day, year) 07/26/2018	
CITY Washington	STATE DC	ZIP CODE 20006-1135	Amount 1000.00
		Transaction ID : VR0JSM9W790	
E. FULL NAME NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMM			
MAILING ADDRESS 2901 Telestar Ct		Name of Employer Date (month, day, year) 07/26/2018	
CITY Falls Church	STATE VA	ZIP CODE 22042-1260	Amount 1000.00
		Transaction ID : VR0JSM9W7B6	
SIGNATURE (optional) Pettersen, Jay, , ,		DATE 07/27/2018	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
<i>[Electronically Filed]</i>			

--	--	--

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 People for Derek Kilmer		<i>continuation page</i>	
ADDRESS (number and street) PO Box 1381			
CITY, STATE, and ZIP CODE Tacoma WA 98402			
2. NAME OF CANDIDATE Kilmer, Derek, , ,	3. OFFICE SOUGHT (State and District) House WA 06	4. FEC IDENTIFICATION NUMBER C00514893	
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 NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE 51 Madison Ave Rm 1109 New York NY 10010-1603	Name of Employer Transaction ID : VR0JSM9W7C4 Occupation	Date (month, day, year) 07/26/2018	Amount 2500.00
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
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