

# 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>Janelle Bynum for Congress                                                                                                              |             |                        |                                                      |                    |                                                                                                             |  |
| ADDRESS (number and street) 10121 SE SUNNYSIDE RD<br>#300                                                                                                               |             |                        |                                                      |                    |                                                                                                             |  |
| CITY<br>CLACKAMAS                                                                                                                                                       |             | STATE<br>OR            |                                                      | ZIP CODE<br>97015  |                                                                                                             |  |
| 2. NAME OF CANDIDATE<br>Bynum, Janelle, , ,                                                                                                                             |             |                        | 3. OFFICE SOUGHT (State and District)<br>House OR 05 |                    | 4. FEC IDENTIFICATION NUMBER<br>C00843425                                                                   |  |
| 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<br>Beecher, Brooke, , ,                                                                                                                                    |             |                        | Name of Employer<br>Not Employed                     |                    | Date (month, day, year)<br>05/12/2026                                                                       |  |
| MAILING ADDRESS<br>5825 Ann Arbor Ave NE                                                                                                                                |             |                        | Transaction ID : 11304163                            |                    | Amount<br>1000.00                                                                                           |  |
| CITY<br>Seattle                                                                                                                                                         | STATE<br>WA | ZIP CODE<br>98105-2119 | Occupation<br>Retired                                |                    |                                                                                                             |  |
| B. FULL NAME<br>Feurtado, Brian, , ,                                                                                                                                    |             |                        | Name of Employer<br>Apollo Global Management         |                    | Date (month, day, year)<br>05/13/2026                                                                       |  |
| MAILING ADDRESS<br>11 Khakum Dr                                                                                                                                         |             |                        | Transaction ID : 11304014                            |                    | Amount<br>1000.00                                                                                           |  |
| CITY<br>Greenwich                                                                                                                                                       | STATE<br>CT | ZIP CODE<br>06831-3727 | Occupation<br>Investment Manager                     |                    |                                                                                                             |  |
| C. FULL NAME<br>Gates, Rory, , ,                                                                                                                                        |             |                        | Name of Employer<br>U.S. Senate                      |                    | Date (month, day, year)<br>05/12/2026                                                                       |  |
| MAILING ADDRESS<br>2202 18Th St NW<br># 424                                                                                                                             |             |                        | Transaction ID : 11289588                            |                    | Amount<br>7000.00                                                                                           |  |
| CITY<br>Washington                                                                                                                                                      | STATE<br>DC | ZIP CODE<br>20009-1813 | Occupation<br>Analyst                                |                    |                                                                                                             |  |
| D. FULL NAME<br>Hochstetter, Frederick, W, ,                                                                                                                            |             |                        | Name of Employer<br>Not Employed                     |                    | Date (month, day, year)<br>05/12/2026                                                                       |  |
| MAILING ADDRESS<br>9831 Del Webb Pkwy<br>Unit 2403                                                                                                                      |             |                        | Transaction ID : 11289490                            |                    | Amount<br>1000.00                                                                                           |  |
| CITY<br>Jacksonville                                                                                                                                                    | STATE<br>FL | ZIP CODE<br>32256-5808 | Occupation<br>Not Employed                           |                    |                                                                                                             |  |
| E. FULL NAME<br>Reynolds, Terry, , ,                                                                                                                                    |             |                        | Name of Employer<br>Not Employed                     |                    | Date (month, day, year)<br>05/12/2026                                                                       |  |
| MAILING ADDRESS<br>1003 NW Harmon Blvd                                                                                                                                  |             |                        | Transaction ID : 11289492                            |                    | Amount<br>1500.00                                                                                           |  |
| CITY<br>Bend                                                                                                                                                            | STATE<br>OR | ZIP CODE<br>97703-2325 | Occupation<br>Not Employed                           |                    |                                                                                                             |  |
| SIGNATURE (optional)<br>Pettersen, Jay, , ,                                                                                                                             |             |                        |                                                      | DATE<br>05/14/2026 | For further information,<br>contact the Federal Election Commission<br>at 800-424-9530 or visit www.fec.gov |  |

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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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| ADDRESS (number and street) 10121 SE SUNNYSIDE RD<br>#300                                                                                                               |  |                                                                                             |                                                            |
| CITY, STATE, and ZIP CODE<br>CLACKAMAS OR 97015                                                                                                                         |  |                                                                                             |                                                            |
| 2. NAME OF CANDIDATE<br>Bynum, Janelle, , ,                                                                                                                             |  | 3. OFFICE SOUGHT (State and District)<br>House OR 05                                        |                                                            |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00843425                                                   |                                                            |
| 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                                                                                                                              |  |                                                                                             |                                                            |
| Rose-Ackerman, Susan, , ,<br>5 Killams Pt<br>Branford CT 06405-6225                                                                                                     |  | Name of Employer<br>Yale University<br>Transaction ID : 11304015<br>Occupation<br>Professor | Date (month, day, year)<br>05/13/2026<br>Amount<br>1000.00 |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                             |                                                            |
| SHONTEL BROWN FOR CONGRESS<br>545 E Town St<br>Columbus OH 43215-4801                                                                                                   |  | Name of Employer<br>Transaction ID : 11291839<br>Occupation                                 | Date (month, day, year)<br>05/12/2026<br>Amount<br>1000.00 |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                             |                                                            |
| Woodell, Robert, L, ,<br>PO Box 966<br>Sisters OR 97759-0966                                                                                                            |  | Name of Employer<br>Not Employed<br>Transaction ID : 11289491<br>Occupation<br>Not Employed | Date (month, day, year)<br>05/12/2026<br>Amount<br>1000.00 |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                             |                                                            |
|                                                                                                                                                                         |  | Name of Employer<br>Occupation                                                              | Date (month, day, year)<br>Amount                          |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                             |                                                            |
|                                                                                                                                                                         |  | Name of Employer<br>Occupation                                                              | Date (month, day, year)<br>Amount                          |

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