

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 Johnny O for Congress																															
ADDRESS (number and street) 711 W 40TH STE STE 330																															
CITY BALTIMORE		STATE MD		ZIP CODE 21211																											
2. NAME OF CANDIDATE Olszewski, John, , ,			3. OFFICE SOUGHT (State and District) House MD 02																												
4. FEC IDENTIFICATION NUMBER C00867747																															
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 AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE (ASA PAC)</td> <td colspan="2">Name of Employer</td> <td colspan="2">Date (month, day, year)</td> <td colspan="2">Amount</td> </tr> <tr> <td colspan="3">MAILING ADDRESS 1061 American Ln</td> <td colspan="2">Transaction ID : 6344033</td> <td colspan="2">06/17/2026</td> <td colspan="2">1500.00</td> </tr> <tr> <td>CITY Schaumburg</td> <td>STATE IL</td> <td>ZIP CODE 60173-4973</td> <td colspan="2">Occupation</td> <td colspan="4"></td> </tr> </table>					A. FULL NAME AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE (ASA PAC)			Name of Employer		Date (month, day, year)		Amount		MAILING ADDRESS 1061 American Ln			Transaction ID : 6344033		06/17/2026		1500.00		CITY Schaumburg	STATE IL	ZIP CODE 60173-4973	Occupation					
A. FULL NAME AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE (ASA PAC)			Name of Employer		Date (month, day, year)		Amount																								
MAILING ADDRESS 1061 American Ln			Transaction ID : 6344033		06/17/2026		1500.00																								
CITY Schaumburg	STATE IL	ZIP CODE 60173-4973	Occupation																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">B. FULL NAME AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE (ASA PAC)</td> <td colspan="2">Name of Employer</td> <td colspan="2">Date (month, day, year)</td> <td colspan="2">Amount</td> </tr> <tr> <td colspan="3">MAILING ADDRESS 1061 American Ln</td> <td colspan="2">Transaction ID : 6344034</td> <td colspan="2">06/17/2026</td> <td colspan="2">2000.00</td> </tr> <tr> <td>CITY Schaumburg</td> <td>STATE IL</td> <td>ZIP CODE 60173-4973</td> <td colspan="2">Occupation</td> <td colspan="4"></td> </tr> </table>					B. FULL NAME AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE (ASA PAC)			Name of Employer		Date (month, day, year)		Amount		MAILING ADDRESS 1061 American Ln			Transaction ID : 6344034		06/17/2026		2000.00		CITY Schaumburg	STATE IL	ZIP CODE 60173-4973	Occupation					
B. FULL NAME AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE (ASA PAC)			Name of Employer		Date (month, day, year)		Amount																								
MAILING ADDRESS 1061 American Ln			Transaction ID : 6344034		06/17/2026		2000.00																								
CITY Schaumburg	STATE IL	ZIP CODE 60173-4973	Occupation																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">C. FULL NAME</td> <td colspan="2">Name of Employer</td> <td colspan="2">Date (month, day, year)</td> <td colspan="2">Amount</td> </tr> <tr> <td colspan="3">MAILING ADDRESS</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td colspan="2">Occupation</td> <td colspan="4"></td> </tr> </table>					C. FULL NAME			Name of Employer		Date (month, day, year)		Amount		MAILING ADDRESS									CITY	STATE	ZIP CODE	Occupation					
C. FULL NAME			Name of Employer		Date (month, day, year)		Amount																								
MAILING ADDRESS																															
CITY	STATE	ZIP CODE	Occupation																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">D. FULL NAME</td> <td colspan="2">Name of Employer</td> <td colspan="2">Date (month, day, year)</td> <td colspan="2">Amount</td> </tr> <tr> <td colspan="3">MAILING ADDRESS</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td colspan="2">Occupation</td> <td colspan="4"></td> </tr> </table>					D. FULL NAME			Name of Employer		Date (month, day, year)		Amount		MAILING ADDRESS									CITY	STATE	ZIP CODE	Occupation					
D. FULL NAME			Name of Employer		Date (month, day, year)		Amount																								
MAILING ADDRESS																															
CITY	STATE	ZIP CODE	Occupation																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">E. FULL NAME</td> <td colspan="2">Name of Employer</td> <td colspan="2">Date (month, day, year)</td> <td colspan="2">Amount</td> </tr> <tr> <td colspan="3">MAILING ADDRESS</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td colspan="2">Occupation</td> <td colspan="4"></td> </tr> </table>					E. FULL NAME			Name of Employer		Date (month, day, year)		Amount		MAILING ADDRESS									CITY	STATE	ZIP CODE	Occupation					
E. FULL NAME			Name of Employer		Date (month, day, year)		Amount																								
MAILING ADDRESS																															
CITY	STATE	ZIP CODE	Occupation																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4">SIGNATURE (optional) St. John, Jason, , ,</td> <td colspan="2">DATE 06/19/2026</td> <td colspan="2">For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov</td> </tr> </table>					SIGNATURE (optional) St. John, Jason, , ,				DATE 06/19/2026		For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov																				
SIGNATURE (optional) St. John, Jason, , ,				DATE 06/19/2026		For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov																									

--	--	--

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)