

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 Kaela for Congress										
ADDRESS (number and street) 1609 County Rd 42 W 306										
CITY Burnsville	STATE MN	ZIP CODE 55306								
2. NAME OF CANDIDATE Berg, Kaela, , ,			3. OFFICE SOUGHT (State and District) House MN 02		4. FEC IDENTIFICATION NUMBER C00921478					
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____										
A. FULL NAME PATRIOT PAC MAILING ADDRESS PO Box 2113 <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">CITY Kingston</td> <td style="width: 15%; border: none;">STATE NY</td> <td style="width: 25%; border: none;">ZIP CODE 12402-2113</td> <td style="width: 35%; border: none;">Occupation</td> </tr> </table>				CITY Kingston	STATE NY	ZIP CODE 12402-2113	Occupation	Name of Employer Transaction ID : 11001012	Date (month, day, year) 08/04/2026	Amount 2500.00
CITY Kingston	STATE NY	ZIP CODE 12402-2113	Occupation							
B. FULL NAME MAILING ADDRESS <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">CITY</td> <td style="width: 15%; border: none;">STATE</td> <td style="width: 25%; border: none;">ZIP CODE</td> <td style="width: 35%; border: none;">Occupation</td> </tr> </table>				CITY	STATE	ZIP CODE	Occupation	Name of Employer	Date (month, day, year)	Amount
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CITY	STATE	ZIP CODE	Occupation							
SIGNATURE (optional) Moore, Tracie, , ,					DATE 08/06/2026	For further information, contact the Federal Election Commission 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)