

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 Matsui For Congress																				
ADDRESS (number and street) PO Box 1738																				
CITY Sacramento	STATE CA	ZIP CODE 95812																		
2. NAME OF CANDIDATE Matsui, Doris, , ,		3. OFFICE SOUGHT (State and District) House CA 07		4. FEC IDENTIFICATION NUMBER C00409219																
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" style="padding: 5px;"> A. FULL NAME Kong, Mindy, , , </td> <td style="padding: 5px;"> Name of Employer N/A </td> <td style="padding: 5px;"> Date (month, day, year) 10/25/2024 </td> <td style="padding: 5px;"> Amount 3300.00 </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> MAILING ADDRESS 2430 J St </td> <td colspan="2" style="padding: 5px;"> Transaction ID : 8337162 </td> </tr> <tr> <td style="padding: 5px;"> CITY Sacramento </td> <td style="padding: 5px;"> STATE CA </td> <td style="padding: 5px;"> ZIP CODE 95816-4806 </td> <td colspan="2" style="padding: 5px;"> Occupation Homemaker </td> </tr> </table>					A. FULL NAME Kong, Mindy, , ,			Name of Employer N/A	Date (month, day, year) 10/25/2024	Amount 3300.00	MAILING ADDRESS 2430 J St			Transaction ID : 8337162		CITY Sacramento	STATE CA	ZIP CODE 95816-4806	Occupation Homemaker	
A. FULL NAME Kong, Mindy, , ,			Name of Employer N/A	Date (month, day, year) 10/25/2024	Amount 3300.00															
MAILING ADDRESS 2430 J St			Transaction ID : 8337162																	
CITY Sacramento	STATE CA	ZIP CODE 95816-4806	Occupation Homemaker																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> B. FULL NAME </td> <td style="padding: 5px;"> Name of Employer </td> <td style="padding: 5px;"> Date (month, day, year) </td> <td style="padding: 5px;"> Amount </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> MAILING ADDRESS </td> <td colspan="2"></td> </tr> <tr> <td style="padding: 5px;"> CITY </td> <td style="padding: 5px;"> STATE </td> <td style="padding: 5px;"> ZIP CODE </td> <td colspan="2" style="padding: 5px;"> Occupation </td> </tr> </table>					B. FULL NAME			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS					CITY	STATE	ZIP CODE	Occupation	
B. 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" style="padding: 5px;"> C. FULL NAME </td> <td style="padding: 5px;"> Name of Employer </td> <td style="padding: 5px;"> Date (month, day, year) </td> <td style="padding: 5px;"> Amount </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> MAILING ADDRESS </td> <td colspan="2"></td> </tr> <tr> <td style="padding: 5px;"> CITY </td> <td style="padding: 5px;"> STATE </td> <td style="padding: 5px;"> ZIP CODE </td> <td colspan="2" style="padding: 5px;"> Occupation </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" style="padding: 5px;"> D. FULL NAME </td> <td style="padding: 5px;"> Name of Employer </td> <td style="padding: 5px;"> Date (month, day, year) </td> <td style="padding: 5px;"> Amount </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> MAILING ADDRESS </td> <td colspan="2"></td> </tr> <tr> <td style="padding: 5px;"> CITY </td> <td style="padding: 5px;"> STATE </td> <td style="padding: 5px;"> ZIP CODE </td> <td colspan="2" style="padding: 5px;"> Occupation </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" style="padding: 5px;"> E. FULL NAME </td> <td style="padding: 5px;"> Name of Employer </td> <td style="padding: 5px;"> Date (month, day, year) </td> <td style="padding: 5px;"> Amount </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> MAILING ADDRESS </td> <td colspan="2"></td> </tr> <tr> <td style="padding: 5px;"> CITY </td> <td style="padding: 5px;"> STATE </td> <td style="padding: 5px;"> ZIP CODE </td> <td colspan="2" style="padding: 5px;"> Occupation </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																	
SIGNATURE (optional) Murphy, David, , ,				DATE 10/27/2024	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)