

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 DEREK SCHMIDT FOR CONGRESS				
ADDRESS (number and street) PO BOX 4010				
CITY TOPEKA		STATE KS		ZIP CODE 66604-0010
2. NAME OF CANDIDATE SCHMIDT, DEREK, , ,			3. OFFICE SOUGHT (State and District) House KS 02	
4. FEC IDENTIFICATION NUMBER C00877373				
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____				
A. FULL NAME LINTECUM, NEAL, , ,			Name of Employer ORTHO KANSAS	
MAILING ADDRESS 789 N 1500 RD			Date (month, day, year) 07/31/2026	
CITY LAWRENCE			Amount 1000.00	
STATE KS			Transaction ID : 6C565A59A6DC94766	
ZIP CODE 66049-9194			Occupation PARTNER	
B. FULL NAME NEWCOMER, WARREN, J, , JR.			Name of Employer NEWCOMER FUNERAL SERVICE GROUP	
MAILING ADDRESS 116 WILDERNESS WAY			Date (month, day, year) 07/31/2026	
CITY LAWRENCE			Amount 3500.00	
STATE KS			Transaction ID : 673760EED7E1543D7	
ZIP CODE 66049-7506			Occupation FOUNDER AND CHAIRMAN	
C. FULL NAME NEWCOMER, WARREN, J, , JR.			Name of Employer NEWCOMER FUNERAL SERVICE GROUP	
MAILING ADDRESS 116 WILDERNESS WAY			Date (month, day, year) 07/31/2026	
CITY LAWRENCE			Amount 1500.00	
STATE KS			Transaction ID : 6E844B8953E00476B	
ZIP CODE 66049-7506			Occupation FOUNDER AND CHAIRMAN	
D. FULL NAME SHERWOOD, CYNTHIA, E, DR.,			Name of Employer RETIRED	
MAILING ADDRESS 3672 CR 3900			Date (month, day, year) 07/31/2026	
CITY INDEPENDENCE			Amount 1000.00	
STATE KS			Transaction ID : 61B3FDECD62594174	
ZIP CODE 67301-7888			Occupation DENTIST	
E. FULL NAME ELECTING MAJORITY MAKING EFFECTIVE REPUBLICANS PAC			Name of Employer	
MAILING ADDRESS PO BOX 183			Date (month, day, year) 07/31/2026	
CITY ANOKA			Amount 5000.00	
STATE MN			Transaction ID : 6FB46D1E9B2934AF	
ZIP CODE 55303-0183			Occupation	
SIGNATURE (optional) BLAES, CLINT, , ,			DATE 08/02/2026	
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)

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ADDRESS (number and street) PO BOX 4010			
CITY, STATE, and ZIP CODE TOPEKA KS 66604-0010			
2. NAME OF CANDIDATE SCHMIDT, DEREK, , ,		3. OFFICE SOUGHT (State and District) House KS 02	
		4. FEC IDENTIFICATION NUMBER C00877373	
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE			
EMMER FOR CONGRESS		Name of Employer	Date (month, day, year)
PO BOX 279			07/31/2026
ELK RIVER MN 55330-0279		Transaction ID : 6827E8C2A48F246ED96E	Amount 2000.00
		Occupation	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer	Date (month, day, year)
			Amount
		Occupation	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer	Date (month, day, year)
			Amount
		Occupation	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer	Date (month, day, year)
			Amount
		Occupation	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer	Date (month, day, year)
			Amount
		Occupation	

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