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	STATE	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	CITY	STATE	ZIP CODE	Name of Employer	Occupation	Date (month, day, year)	Amount
LINTECUM, NEAL, , ,	789 N 1500 RD	LAWRENCE	KS	66049-9194	ORTHO KANSAS Transaction ID : 6C565A59A6DC9476	PARTNER	07/31/2026	1000.00
B. FULL NAME	MAILING ADDRESS	CITY	STATE	ZIP CODE	Name of Employer	Occupation	Date (month, day, year)	Amount
NEWCOMER, WARREN, J, , JR.	116 WILDERNESS WAY	LAWRENCE	KS	66049-7506	NEWCOMER FUNERAL SERVICE GROUP Transaction ID : 673760EED7E1543D7	FOUNDER AND CHAIRMAN	07/31/2026	3500.00
C. FULL NAME	MAILING ADDRESS	CITY	STATE	ZIP CODE	Name of Employer	Occupation	Date (month, day, year)	Amount
NEWCOMER, WARREN, J, , JR.	116 WILDERNESS WAY	LAWRENCE	KS	66049-7506	NEWCOMER FUNERAL SERVICE GROUP Transaction ID : 6E844B8953E00476B	FOUNDER AND CHAIRMAN	07/31/2026	1500.00
D. FULL NAME	MAILING ADDRESS	CITY	STATE	ZIP CODE	Name of Employer	Occupation	Date (month, day, year)	Amount
SHERWOOD, CYNTHIA, E, DR.,	3672 CR 3900	INDEPENDENCE	KS	67301-7888	RETIRED Transaction ID : 61B3FDECD6259417	DENTIST	07/31/2026	1000.00
E. FULL NAME	MAILING ADDRESS	CITY	STATE	ZIP CODE	Name of Employer	Occupation	Date (month, day, year)	Amount
ELECTING MAJORITY MAKING EFFECTIVE REPUBLICANS PAC	PO BOX 183	ANOKA	MN	55303-0183	Transaction ID : 6FB46D1E9B2934AF		07/31/2026	5000.00

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

FEC FORM 6
(Revised 03/2016)

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CITY, STATE, and **ZIP CODE**
TOPEKA KS 66604-0010

continuation page

2. NAME OF CANDIDATE	3. OFFICE SOUGHT (State and District)	4. FEC IDENTIFICATION NUMBER
SCHMIDT, DEREK, , ,	House KS 02	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	Name of Employer / Occupation	Date (month, day, year)	Amount
EMMER FOR CONGRESS PO BOX 279 ELK RIVER MN 55330-0279	**Transaction ID : 6827E8C2A48F246ED96E**	07/31/2026	2000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer / Occupation	Date (month, day, year)	Amount
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer / Occupation	Date (month, day, year)	Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer / Occupation	Date (month, day, year)	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer / Occupation	Date (month, day, year)	Amount