

# 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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                             |                                  |                                                                                       |                                                                                                             |  |                  |                                       |                   |                                              |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                      |  |  |                  |                                       |                   |                                                                    |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                |  |  |                  |                                       |                   |                                                      |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                         |  |  |                  |                                       |                   |                                                                     |  |  |                           |                    |                               |  |  |  |                                  |  |  |                     |  |  |                  |                         |        |                        |  |  |             |              |                 |  |  |  |            |  |  |                                                            |  |  |  |                           |                                                                                                             |
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| <b>1. NAME OF COMMITTEE IN FULL</b><br>Paul Tonko for Congress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                                             |                                  |                                                                                       |                                                                                                             |  |                  |                                       |                   |                                              |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                      |  |  |                  |                                       |                   |                                                                    |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                |  |  |                  |                                       |                   |                                                      |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                         |  |  |                  |                                       |                   |                                                                     |  |  |                           |                    |                               |  |  |  |                                  |  |  |                     |  |  |                  |                         |        |                        |  |  |             |              |                 |  |  |  |            |  |  |                                                            |  |  |  |                           |                                                                                                             |
| <b>ADDRESS</b> (number and street) 911 Central Avenue #221                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                             |                                  |                                                                                       |                                                                                                             |  |                  |                                       |                   |                                              |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                      |  |  |                  |                                       |                   |                                                                    |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                |  |  |                  |                                       |                   |                                                      |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                         |  |  |                  |                                       |                   |                                                                     |  |  |                           |                    |                               |  |  |  |                                  |  |  |                     |  |  |                  |                         |        |                        |  |  |             |              |                 |  |  |  |            |  |  |                                                            |  |  |  |                           |                                                                                                             |
| <b>CITY</b><br>Albany                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>STATE</b><br>NY | <b>ZIP CODE</b><br>12206                                    |                                  |                                                                                       |                                                                                                             |  |                  |                                       |                   |                                              |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                      |  |  |                  |                                       |                   |                                                                    |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                |  |  |                  |                                       |                   |                                                      |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                         |  |  |                  |                                       |                   |                                                                     |  |  |                           |                    |                               |  |  |  |                                  |  |  |                     |  |  |                  |                         |        |                        |  |  |             |              |                 |  |  |  |            |  |  |                                                            |  |  |  |                           |                                                                                                             |
| <b>2. NAME OF CANDIDATE</b><br>Tonko, Paul, D., ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House NY 20 |                                  |                                                                                       |                                                                                                             |  |                  |                                       |                   |                                              |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                      |  |  |                  |                                       |                   |                                                                    |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                |  |  |                  |                                       |                   |                                                      |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                         |  |  |                  |                                       |                   |                                                                     |  |  |                           |                    |                               |  |  |  |                                  |  |  |                     |  |  |                  |                         |        |                        |  |  |             |              |                 |  |  |  |            |  |  |                                                            |  |  |  |                           |                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00450049            |                                  |                                                                                       |                                                                                                             |  |                  |                                       |                   |                                              |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                      |  |  |                  |                                       |                   |                                                                    |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                |  |  |                  |                                       |                   |                                                      |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                         |  |  |                  |                                       |                   |                                                                     |  |  |                           |                    |                               |  |  |  |                                  |  |  |                     |  |  |                  |                         |        |                        |  |  |             |              |                 |  |  |  |            |  |  |                                                            |  |  |  |                           |                                                                                                             |
| <b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                                                             |                                  |                                                                                       |                                                                                                             |  |                  |                                       |                   |                                              |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                      |  |  |                  |                                       |                   |                                                                    |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                |  |  |                  |                                       |                   |                                                      |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                         |  |  |                  |                                       |                   |                                                                     |  |  |                           |                    |                               |  |  |  |                                  |  |  |                     |  |  |                  |                         |        |                        |  |  |             |              |                 |  |  |  |            |  |  |                                                            |  |  |  |                           |                                                                                                             |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"><b>A. FULL NAME</b><br/>American Academy of Otolaryngology Head &amp; Neck Surgery ENT PAC</td> <td rowspan="3">Name of Employer</td> <td rowspan="3">Date (month, day, year)<br/>06/12/2026</td> <td rowspan="3">Amount<br/>2500.00</td> </tr> <tr> <td colspan="3"><b>MAILING ADDRESS</b><br/>1650 Diagonal Road</td> </tr> <tr> <td><b>CITY</b><br/>Alexandria</td> <td><b>STATE</b><br/>VA</td> <td><b>ZIP CODE</b><br/>22314-2857</td> </tr> <tr> <td colspan="3"></td> <td><b>Transaction ID : 16083407</b></td> <td colspan="2"></td> </tr> <tr> <td colspan="3"><b>B. FULL NAME</b><br/>Constellation Energy Corporation Employee PAC</td> <td rowspan="3">Name of Employer</td> <td rowspan="3">Date (month, day, year)<br/>06/12/2026</td> <td rowspan="3">Amount<br/>1000.00</td> </tr> <tr> <td colspan="3"><b>MAILING ADDRESS</b><br/>250 Massachusetts Avenue NW<br/>Suite 760</td> </tr> <tr> <td><b>CITY</b><br/>Washington</td> <td><b>STATE</b><br/>DC</td> <td><b>ZIP CODE</b><br/>20001-5829</td> </tr> <tr> <td colspan="3"></td> <td><b>Transaction ID : 16083410</b></td> <td colspan="2"></td> </tr> <tr> <td colspan="3"><b>C. FULL NAME</b><br/>Corporate Energy Buyers Association PAC</td> <td rowspan="3">Name of Employer</td> <td rowspan="3">Date (month, day, year)<br/>06/12/2026</td> <td rowspan="3">Amount<br/>2500.00</td> </tr> <tr> <td colspan="3"><b>MAILING ADDRESS</b><br/>1501 M Street NW Suite 900</td> </tr> <tr> <td><b>CITY</b><br/>Washington</td> <td><b>STATE</b><br/>DC</td> <td><b>ZIP CODE</b><br/>20005-1700</td> </tr> <tr> <td colspan="3"></td> <td><b>Transaction ID : 16083409</b></td> <td colspan="2"></td> </tr> <tr> <td colspan="3"><b>D. FULL NAME</b><br/>Guide Consulting</td> <td rowspan="3">Name of Employer</td> <td rowspan="3">Date (month, day, year)<br/>06/12/2026</td> <td rowspan="3">Amount<br/>2500.00</td> </tr> <tr> <td colspan="3"><b>MAILING ADDRESS</b><br/>601 Massachusetts Avenue NW<br/>Suite 520W</td> </tr> <tr> <td><b>CITY</b><br/>Washington</td> <td><b>STATE</b><br/>DC</td> <td><b>ZIP CODE</b><br/>20001-5369</td> </tr> <tr> <td colspan="3"></td> <td><b>Transaction ID : 16083412</b></td> <td colspan="2"></td> </tr> <tr> <td colspan="3"><b>E. FULL NAME</b></td> <td rowspan="3">Name of Employer</td> <td rowspan="3">Date (month, day, year)</td> <td rowspan="3">Amount</td> </tr> <tr> <td colspan="3"><b>MAILING ADDRESS</b></td> </tr> <tr> <td><b>CITY</b></td> <td><b>STATE</b></td> <td><b>ZIP CODE</b></td> </tr> <tr> <td colspan="3"></td> <td>Occupation</td> <td colspan="2"></td> </tr> <tr> <td colspan="4"><b>SIGNATURE (optional)</b><br/>Bulgaro, Patrick, J., , Jr.</td> <td><b>DATE</b><br/>06/13/2026</td> <td>For further information,<br/>contact the Federal Election Commission<br/>at 800-424-9530 or visit www.fec.gov</td> </tr> </table> |                    |                                                             |                                  | <b>A. FULL NAME</b><br>American Academy of Otolaryngology Head & Neck Surgery ENT PAC |                                                                                                             |  | Name of Employer | Date (month, day, year)<br>06/12/2026 | Amount<br>2500.00 | <b>MAILING ADDRESS</b><br>1650 Diagonal Road |  |  | <b>CITY</b><br>Alexandria | <b>STATE</b><br>VA | <b>ZIP CODE</b><br>22314-2857 |  |  |  | <b>Transaction ID : 16083407</b> |  |  | <b>B. FULL NAME</b><br>Constellation Energy Corporation Employee PAC |  |  | Name of Employer | Date (month, day, year)<br>06/12/2026 | Amount<br>1000.00 | <b>MAILING ADDRESS</b><br>250 Massachusetts Avenue NW<br>Suite 760 |  |  | <b>CITY</b><br>Washington | <b>STATE</b><br>DC | <b>ZIP CODE</b><br>20001-5829 |  |  |  | <b>Transaction ID : 16083410</b> |  |  | <b>C. FULL NAME</b><br>Corporate Energy Buyers Association PAC |  |  | Name of Employer | Date (month, day, year)<br>06/12/2026 | Amount<br>2500.00 | <b>MAILING ADDRESS</b><br>1501 M Street NW Suite 900 |  |  | <b>CITY</b><br>Washington | <b>STATE</b><br>DC | <b>ZIP CODE</b><br>20005-1700 |  |  |  | <b>Transaction ID : 16083409</b> |  |  | <b>D. FULL NAME</b><br>Guide Consulting |  |  | Name of Employer | Date (month, day, year)<br>06/12/2026 | Amount<br>2500.00 | <b>MAILING ADDRESS</b><br>601 Massachusetts Avenue NW<br>Suite 520W |  |  | <b>CITY</b><br>Washington | <b>STATE</b><br>DC | <b>ZIP CODE</b><br>20001-5369 |  |  |  | <b>Transaction ID : 16083412</b> |  |  | <b>E. FULL NAME</b> |  |  | Name of Employer | Date (month, day, year) | Amount | <b>MAILING ADDRESS</b> |  |  | <b>CITY</b> | <b>STATE</b> | <b>ZIP CODE</b> |  |  |  | Occupation |  |  | <b>SIGNATURE (optional)</b><br>Bulgaro, Patrick, J., , Jr. |  |  |  | <b>DATE</b><br>06/13/2026 | For further information,<br>contact the Federal Election Commission<br>at 800-424-9530 or visit www.fec.gov |
| <b>A. FULL NAME</b><br>American Academy of Otolaryngology Head & Neck Surgery ENT PAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                             | Name of Employer                 | Date (month, day, year)<br>06/12/2026                                                 | Amount<br>2500.00                                                                                           |  |                  |                                       |                   |                                              |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                      |  |  |                  |                                       |                   |                                                                    |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                |  |  |                  |                                       |                   |                                                      |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                         |  |  |                  |                                       |                   |                                                                     |  |  |                           |                    |                               |  |  |  |                                  |  |  |                     |  |  |                  |                         |        |                        |  |  |             |              |                 |  |  |  |            |  |  |                                                            |  |  |  |                           |                                                                                                             |
| <b>MAILING ADDRESS</b><br>1650 Diagonal Road                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                                             |                                  |                                                                                       |                                                                                                             |  |                  |                                       |                   |                                              |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                      |  |  |                  |                                       |                   |                                                                    |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                |  |  |                  |                                       |                   |                                                      |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                         |  |  |                  |                                       |                   |                                                                     |  |  |                           |                    |                               |  |  |  |                                  |  |  |                     |  |  |                  |                         |        |                        |  |  |             |              |                 |  |  |  |            |  |  |                                                            |  |  |  |                           |                                                                                                             |
| <b>CITY</b><br>Alexandria                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>STATE</b><br>VA | <b>ZIP CODE</b><br>22314-2857                               |                                  |                                                                                       |                                                                                                             |  |                  |                                       |                   |                                              |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                      |  |  |                  |                                       |                   |                                                                    |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                |  |  |                  |                                       |                   |                                                      |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                         |  |  |                  |                                       |                   |                                                                     |  |  |                           |                    |                               |  |  |  |                                  |  |  |                     |  |  |                  |                         |        |                        |  |  |             |              |                 |  |  |  |            |  |  |                                                            |  |  |  |                           |                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                             | <b>Transaction ID : 16083407</b> |                                                                                       |                                                                                                             |  |                  |                                       |                   |                                              |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                      |  |  |                  |                                       |                   |                                                                    |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                |  |  |                  |                                       |                   |                                                      |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                         |  |  |                  |                                       |                   |                                                                     |  |  |                           |                    |                               |  |  |  |                                  |  |  |                     |  |  |                  |                         |        |                        |  |  |             |              |                 |  |  |  |            |  |  |                                                            |  |  |  |                           |                                                                                                             |
| <b>B. FULL NAME</b><br>Constellation Energy Corporation Employee PAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                                                             | Name of Employer                 | Date (month, day, year)<br>06/12/2026                                                 | Amount<br>1000.00                                                                                           |  |                  |                                       |                   |                                              |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                      |  |  |                  |                                       |                   |                                                                    |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                |  |  |                  |                                       |                   |                                                      |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                         |  |  |                  |                                       |                   |                                                                     |  |  |                           |                    |                               |  |  |  |                                  |  |  |                     |  |  |                  |                         |        |                        |  |  |             |              |                 |  |  |  |            |  |  |                                                            |  |  |  |                           |                                                                                                             |
| <b>MAILING ADDRESS</b><br>250 Massachusetts Avenue NW<br>Suite 760                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                             |                                  |                                                                                       |                                                                                                             |  |                  |                                       |                   |                                              |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                      |  |  |                  |                                       |                   |                                                                    |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                |  |  |                  |                                       |                   |                                                      |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                         |  |  |                  |                                       |                   |                                                                     |  |  |                           |                    |                               |  |  |  |                                  |  |  |                     |  |  |                  |                         |        |                        |  |  |             |              |                 |  |  |  |            |  |  |                                                            |  |  |  |                           |                                                                                                             |
| <b>CITY</b><br>Washington                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>STATE</b><br>DC | <b>ZIP CODE</b><br>20001-5829                               |                                  |                                                                                       |                                                                                                             |  |                  |                                       |                   |                                              |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                      |  |  |                  |                                       |                   |                                                                    |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                |  |  |                  |                                       |                   |                                                      |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                         |  |  |                  |                                       |                   |                                                                     |  |  |                           |                    |                               |  |  |  |                                  |  |  |                     |  |  |                  |                         |        |                        |  |  |             |              |                 |  |  |  |            |  |  |                                                            |  |  |  |                           |                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                             | <b>Transaction ID : 16083410</b> |                                                                                       |                                                                                                             |  |                  |                                       |                   |                                              |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                      |  |  |                  |                                       |                   |                                                                    |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                |  |  |                  |                                       |                   |                                                      |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                         |  |  |                  |                                       |                   |                                                                     |  |  |                           |                    |                               |  |  |  |                                  |  |  |                     |  |  |                  |                         |        |                        |  |  |             |              |                 |  |  |  |            |  |  |                                                            |  |  |  |                           |                                                                                                             |
| <b>C. FULL NAME</b><br>Corporate Energy Buyers Association PAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                                             | Name of Employer                 | Date (month, day, year)<br>06/12/2026                                                 | Amount<br>2500.00                                                                                           |  |                  |                                       |                   |                                              |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                      |  |  |                  |                                       |                   |                                                                    |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                |  |  |                  |                                       |                   |                                                      |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                         |  |  |                  |                                       |                   |                                                                     |  |  |                           |                    |                               |  |  |  |                                  |  |  |                     |  |  |                  |                         |        |                        |  |  |             |              |                 |  |  |  |            |  |  |                                                            |  |  |  |                           |                                                                                                             |
| <b>MAILING ADDRESS</b><br>1501 M Street NW Suite 900                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                                                             |                                  |                                                                                       |                                                                                                             |  |                  |                                       |                   |                                              |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                      |  |  |                  |                                       |                   |                                                                    |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                |  |  |                  |                                       |                   |                                                      |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                         |  |  |                  |                                       |                   |                                                                     |  |  |                           |                    |                               |  |  |  |                                  |  |  |                     |  |  |                  |                         |        |                        |  |  |             |              |                 |  |  |  |            |  |  |                                                            |  |  |  |                           |                                                                                                             |
| <b>CITY</b><br>Washington                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>STATE</b><br>DC | <b>ZIP CODE</b><br>20005-1700                               |                                  |                                                                                       |                                                                                                             |  |                  |                                       |                   |                                              |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                      |  |  |                  |                                       |                   |                                                                    |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                |  |  |                  |                                       |                   |                                                      |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                         |  |  |                  |                                       |                   |                                                                     |  |  |                           |                    |                               |  |  |  |                                  |  |  |                     |  |  |                  |                         |        |                        |  |  |             |              |                 |  |  |  |            |  |  |                                                            |  |  |  |                           |                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                             | <b>Transaction ID : 16083409</b> |                                                                                       |                                                                                                             |  |                  |                                       |                   |                                              |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                      |  |  |                  |                                       |                   |                                                                    |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                |  |  |                  |                                       |                   |                                                      |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                         |  |  |                  |                                       |                   |                                                                     |  |  |                           |                    |                               |  |  |  |                                  |  |  |                     |  |  |                  |                         |        |                        |  |  |             |              |                 |  |  |  |            |  |  |                                                            |  |  |  |                           |                                                                                                             |
| <b>D. FULL NAME</b><br>Guide Consulting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                                                             | Name of Employer                 | Date (month, day, year)<br>06/12/2026                                                 | Amount<br>2500.00                                                                                           |  |                  |                                       |                   |                                              |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                      |  |  |                  |                                       |                   |                                                                    |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                |  |  |                  |                                       |                   |                                                      |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                         |  |  |                  |                                       |                   |                                                                     |  |  |                           |                    |                               |  |  |  |                                  |  |  |                     |  |  |                  |                         |        |                        |  |  |             |              |                 |  |  |  |            |  |  |                                                            |  |  |  |                           |                                                                                                             |
| <b>MAILING ADDRESS</b><br>601 Massachusetts Avenue NW<br>Suite 520W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                                                             |                                  |                                                                                       |                                                                                                             |  |                  |                                       |                   |                                              |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                      |  |  |                  |                                       |                   |                                                                    |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                |  |  |                  |                                       |                   |                                                      |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                         |  |  |                  |                                       |                   |                                                                     |  |  |                           |                    |                               |  |  |  |                                  |  |  |                     |  |  |                  |                         |        |                        |  |  |             |              |                 |  |  |  |            |  |  |                                                            |  |  |  |                           |                                                                                                             |
| <b>CITY</b><br>Washington                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>STATE</b><br>DC | <b>ZIP CODE</b><br>20001-5369                               |                                  |                                                                                       |                                                                                                             |  |                  |                                       |                   |                                              |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                      |  |  |                  |                                       |                   |                                                                    |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                |  |  |                  |                                       |                   |                                                      |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                         |  |  |                  |                                       |                   |                                                                     |  |  |                           |                    |                               |  |  |  |                                  |  |  |                     |  |  |                  |                         |        |                        |  |  |             |              |                 |  |  |  |            |  |  |                                                            |  |  |  |                           |                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                             | <b>Transaction ID : 16083412</b> |                                                                                       |                                                                                                             |  |                  |                                       |                   |                                              |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                      |  |  |                  |                                       |                   |                                                                    |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                |  |  |                  |                                       |                   |                                                      |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                         |  |  |                  |                                       |                   |                                                                     |  |  |                           |                    |                               |  |  |  |                                  |  |  |                     |  |  |                  |                         |        |                        |  |  |             |              |                 |  |  |  |            |  |  |                                                            |  |  |  |                           |                                                                                                             |
| <b>E. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                                                             | Name of Employer                 | Date (month, day, year)                                                               | Amount                                                                                                      |  |                  |                                       |                   |                                              |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                      |  |  |                  |                                       |                   |                                                                    |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                |  |  |                  |                                       |                   |                                                      |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                         |  |  |                  |                                       |                   |                                                                     |  |  |                           |                    |                               |  |  |  |                                  |  |  |                     |  |  |                  |                         |        |                        |  |  |             |              |                 |  |  |  |            |  |  |                                                            |  |  |  |                           |                                                                                                             |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                             |                                  |                                                                                       |                                                                                                             |  |                  |                                       |                   |                                              |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                      |  |  |                  |                                       |                   |                                                                    |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                |  |  |                  |                                       |                   |                                                      |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                         |  |  |                  |                                       |                   |                                                                     |  |  |                           |                    |                               |  |  |  |                                  |  |  |                     |  |  |                  |                         |        |                        |  |  |             |              |                 |  |  |  |            |  |  |                                                            |  |  |  |                           |                                                                                                             |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>STATE</b>       | <b>ZIP CODE</b>                                             |                                  |                                                                                       |                                                                                                             |  |                  |                                       |                   |                                              |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                      |  |  |                  |                                       |                   |                                                                    |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                |  |  |                  |                                       |                   |                                                      |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                         |  |  |                  |                                       |                   |                                                                     |  |  |                           |                    |                               |  |  |  |                                  |  |  |                     |  |  |                  |                         |        |                        |  |  |             |              |                 |  |  |  |            |  |  |                                                            |  |  |  |                           |                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                             | Occupation                       |                                                                                       |                                                                                                             |  |                  |                                       |                   |                                              |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                      |  |  |                  |                                       |                   |                                                                    |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                                                |  |  |                  |                                       |                   |                                                      |  |  |                           |                    |                               |  |  |  |                                  |  |  |                                         |  |  |                  |                                       |                   |                                                                     |  |  |                           |                    |                               |  |  |  |                                  |  |  |                     |  |  |                  |                         |        |                        |  |  |             |              |                 |  |  |  |            |  |  |                                                            |  |  |  |                           |                                                                                                             |
| <b>SIGNATURE (optional)</b><br>Bulgaro, Patrick, J., , Jr.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                             |                                  | <b>DATE</b><br>06/13/2026                                                             | For further information,<br>contact the Federal Election Commission<br>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)