

# 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.

|                                                                                                                                                                             |                    |                                                             |                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>1. NAME OF COMMITTEE IN FULL</b><br>Jimmy Panetta for Congress                                                                                                           |                    |                                                             |                                                                                                             |
| <b>ADDRESS</b> (number and street) PO Box 103                                                                                                                               |                    |                                                             |                                                                                                             |
| <b>CITY</b><br>Carmel Valley                                                                                                                                                | <b>STATE</b><br>CA | <b>ZIP CODE</b><br>93924                                    |                                                                                                             |
| <b>2. NAME OF CANDIDATE</b><br>Panetta, Jimmy, , ,                                                                                                                          |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House CA 19 |                                                                                                             |
|                                                                                                                                                                             |                    | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00592154            |                                                                                                             |
| <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 ____ / ____ / ____ |                    |                                                             |                                                                                                             |
| <b>A. FULL NAME</b><br>ALEXION PHARMACEUTICALS INC. PAC                                                                                                                     |                    | Name of Employer                                            | Date (month, day, year)                                                                                     |
| <b>MAILING ADDRESS</b><br>801 Pennsylvania Ave NW<br>Ste 400                                                                                                                |                    | <b>Transaction ID : 20092393</b>                            | 05/18/2026                                                                                                  |
| <b>CITY</b><br>Washington                                                                                                                                                   | <b>STATE</b><br>DC | <b>ZIP CODE</b><br>20004-2719                               | Amount<br>1500.00                                                                                           |
| <b>B. FULL NAME</b><br>ALEXION PHARMACEUTICALS INC. PAC                                                                                                                     |                    | Name of Employer                                            | Date (month, day, year)                                                                                     |
| <b>MAILING ADDRESS</b><br>801 Pennsylvania Ave NW<br>Ste 400                                                                                                                |                    | <b>Transaction ID : 20092394</b>                            | 05/18/2026                                                                                                  |
| <b>CITY</b><br>Washington                                                                                                                                                   | <b>STATE</b><br>DC | <b>ZIP CODE</b><br>20004-2719                               | Amount<br>1000.00                                                                                           |
| <b>C. FULL NAME</b><br>AMERICAN SOYBEAN ASSOCIATION PAC (SOYPAC)                                                                                                            |                    | Name of Employer                                            | Date (month, day, year)                                                                                     |
| <b>MAILING ADDRESS</b><br>12647 Olive Blvd<br>Ste 410                                                                                                                       |                    | <b>Transaction ID : 20098730</b>                            | 05/19/2026                                                                                                  |
| <b>CITY</b><br>Saint Louis                                                                                                                                                  | <b>STATE</b><br>MO | <b>ZIP CODE</b><br>63141-6345                               | Amount<br>1000.00                                                                                           |
| <b>D. FULL NAME</b><br>BALCH AND BINGHAM LLP FEDERAL POLITICAL COMMITTEE                                                                                                    |                    | Name of Employer                                            | Date (month, day, year)                                                                                     |
| <b>MAILING ADDRESS</b><br>1710 6Th Ave N                                                                                                                                    |                    | <b>Transaction ID : 20092390</b>                            | 05/18/2026                                                                                                  |
| <b>CITY</b><br>Birmingham                                                                                                                                                   | <b>STATE</b><br>AL | <b>ZIP CODE</b><br>35203-2015                               | Amount<br>2500.00                                                                                           |
| <b>E. FULL NAME</b><br>BLUE DIAMOND GROWERS POLITICAL ACTION COMMITTEE                                                                                                      |                    | Name of Employer                                            | Date (month, day, year)                                                                                     |
| <b>MAILING ADDRESS</b><br>1127 11Th St<br>Ste 210                                                                                                                           |                    | <b>Transaction ID : 20092399</b>                            | 05/18/2026                                                                                                  |
| <b>CITY</b><br>Sacramento                                                                                                                                                   | <b>STATE</b><br>CA | <b>ZIP CODE</b><br>95814-3809                               | Amount<br>1000.00                                                                                           |
| <b>SIGNATURE (optional)</b><br>Pettersen, Jay, , ,                                                                                                                          |                    | <b>DATE</b><br>05/20/2026                                   | 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)

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| <b>1. NAME OF COMMITTEE IN FULL</b><br>Jimmy Panetta for Congress                                                                                                           |  |                                                             |  |
| <b>ADDRESS</b> (number and street) PO Box 103                                                                                                                               |  |                                                             |  |
| <b>CITY, STATE, and ZIP CODE</b><br>Carmel Valley CA 93924                                                                                                                  |  |                                                             |  |
| <b>2. NAME OF CANDIDATE</b><br>Panetta, Jimmy, , ,                                                                                                                          |  | <b>3. OFFICE SOUGHT</b> (State and District)<br>House CA 19 |  |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00592154                                                                                                                            |  | <i>continuation page</i>                                    |  |
| <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 ____ / ____ / ____ |  |                                                             |  |

| A. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                                      | Name of Employer                                        | Date (month, day, year) | Amount  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------|---------|
| CAPITAL ONE FINANCIAL CORP. ASSOC. POLITICAL FUND<br><br>1600 Capital One Dr<br><br>Mclean VA 22102-3473                                                                        | Transaction ID : 20092401<br>Occupation                 | 05/18/2026              | 2500.00 |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>DAIRY FARMERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE; AKA DFA-PAC<br><br>1405 N 98Th St<br><br>Kansas City KS 66111-1865 | Transaction ID : 20092389<br>Occupation                 | 05/18/2026              | 4000.00 |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>Dickson, Paul, , ,<br><br>PO Box 51367<br><br>Shreveport LA 71135-1367                                                        | Transaction ID : 20098723<br>Occupation<br>Not Employed | 05/19/2026              | 1000.00 |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>NATIONAL ROOFING CONTRACTORS ASSOCIATION ROOF PAC<br><br>324 4Th St NE<br><br>Washington DC 20002-5824                        | Transaction ID : 20092398<br>Occupation                 | 05/18/2026              | 1000.00 |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>Peterson, Michael, , ,<br><br>399 Park Ave<br>Fl 14<br>New York NY 10022-4614                                                 | Transaction ID : 20092391<br>Occupation<br>Chairman     | 05/18/2026              | 3500.00 |

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| ADDRESS (number and street) PO Box 103                                                                                                                                  |  |                                                                                                   |  |
| CITY, STATE, and ZIP CODE<br>Carmel Valley CA 93924                                                                                                                     |  |                                                                                                   |  |
| 2. NAME OF CANDIDATE<br>Panetta, Jimmy, , ,                                                                                                                             |  | 3. OFFICE SOUGHT (State and District)<br>House CA 19                                              |  |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00592154                                                         |  |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |  |                                                                                                   |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                   |  |
| Peterson, Michael, , ,<br><br>399 Park Ave<br>FI 14<br>New York NY 10022-4614                                                                                           |  | Name of Employer<br>Peterson Institute<br><br>Transaction ID : 20092392<br>Occupation<br>Chairman |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>05/18/2026                                                             |  |
|                                                                                                                                                                         |  | Amount<br>3500.00                                                                                 |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                   |  |
| U.S. RENAL CARE PAC<br><br>5851 Legacy Cir<br>Ste 900<br>Plano TX 75024-5982                                                                                            |  | Name of Employer<br><br><br>Transaction ID : 20092395<br>Occupation                               |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>05/18/2026                                                             |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                 |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                   |  |
|                                                                                                                                                                         |  | Name of Employer                                                                                  |  |
|                                                                                                                                                                         |  | Occupation                                                                                        |  |
|                                                                                                                                                                         |  | Date (month, day, year)                                                                           |  |
|                                                                                                                                                                         |  | Amount                                                                                            |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                   |  |
|                                                                                                                                                                         |  | Name of Employer                                                                                  |  |
|                                                                                                                                                                         |  | Occupation                                                                                        |  |
|                                                                                                                                                                         |  | Date (month, day, year)                                                                           |  |
|                                                                                                                                                                         |  | Amount                                                                                            |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                   |  |
|                                                                                                                                                                         |  | Name of Employer                                                                                  |  |
|                                                                                                                                                                         |  | Occupation                                                                                        |  |
|                                                                                                                                                                         |  | Date (month, day, year)                                                                           |  |
|                                                                                                                                                                         |  | Amount                                                                                            |  |

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