

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL Maxine for Congress					
ADDRESS (number and street) PO Box 12209					
CITY Portland		STATE OR		ZIP CODE 97212	
2. NAME OF CANDIDATE Dexter, Maxine, , ,			3. OFFICE SOUGHT (State and District) House OR 03		4. FEC IDENTIFICATION NUMBER C00859108
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____					
A. FULL NAME AMERICAN PHYSICAL THERAPY ASSOCIATION PHYSICAL THERAPY POLITICAL ACTION COMMITTEE (PT-PAC)				Name of Employer	
MAILING ADDRESS 3030 Potomac Ave Ste 100				Transaction ID : 10836669	
CITY Alexandria	STATE VA	ZIP CODE 22305-3085	Occupation		
B. FULL NAME Bates, Dan, , ,				Name of Employer	
MAILING ADDRESS 7511 SW 24Th Ave				Transaction ID : 10763750	
CITY Portland	STATE OR	ZIP CODE 97219-2612	Occupation Government Relations		
C. FULL NAME Bates, Dan, , ,				Name of Employer	
MAILING ADDRESS 7511 SW 24Th Ave				Transaction ID : 10836766	
CITY Portland	STATE OR	ZIP CODE 97219-2612	Occupation Government Relations		
D. FULL NAME Kripalani, Eva, , ,				Name of Employer	
MAILING ADDRESS 9675 SW Imperial Dr				Transaction ID : 10824991	
CITY Portland	STATE OR	ZIP CODE 97225-4946	Occupation Attorney		
E. FULL NAME Martin, Chrys, , ,				Name of Employer	
MAILING ADDRESS 2020 SW Market Street Dr Apt 205				Transaction ID : 10808741	
CITY Portland	STATE OR	ZIP CODE 97201-7717	Occupation Not Employed		
SIGNATURE (optional) Giaraputo, Holly, , ,				DATE 05/12/2026	
For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov					

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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6

(Revised 03/2016)

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Ricki For Oregon		Name of Employer	
PO Box 42307		Date (month, day, year) 05/11/2026	
Portland OR 97242-0307		Amount 1000.00	
		Transaction ID : 10836665	
		Occupation	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Vance, Stephanie, , ,		Name of Employer	
2617 SE 52Nd Ave		Date (month, day, year) 05/11/2026	
Portland OR 97206-1429		Amount 1000.00	
		Transaction ID : 10828882	
		Occupation	
		Consultant	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer	
		Date (month, day, year)	
		Amount	
		Occupation	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer	
		Date (month, day, year)	
		Amount	
		Occupation	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer	
		Date (month, day, year)	
		Amount	
		Occupation	

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