

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 Sam for Montana									
ADDRESS (number and street) PO Box 7224									
CITY Missoula	STATE MT	ZIP CODE 59807							
2. NAME OF CANDIDATE Forstag, Samuel, K, ,			3. OFFICE SOUGHT (State and District) House MT 01		4. FEC IDENTIFICATION NUMBER C00932822				
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____									
A. FULL NAME A LOVE SUPREME PAC MAILING ADDRESS PO Box 772671 <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">CITY Orlando</td> <td style="width: 15%; border: none;">STATE FL</td> <td style="width: 20%; border: none;">ZIP CODE 32877-2671</td> </tr> </table>				CITY Orlando	STATE FL	ZIP CODE 32877-2671	Name of Employer Transaction ID : 9247914 Occupation	Date (month, day, year) 05/28/2026	Amount 2000.00
CITY Orlando	STATE FL	ZIP CODE 32877-2671							
B. FULL NAME AMERICAN FEDERATION OF TEACHERS, AFL-CIO COMMITTEE ON POLITICAL EDUCATION MAILING ADDRESS 555 New Jersey Ave NW <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">CITY Washington</td> <td style="width: 15%; border: none;">STATE DC</td> <td style="width: 20%; border: none;">ZIP CODE 20001-2029</td> </tr> </table>				CITY Washington	STATE DC	ZIP CODE 20001-2029	Name of Employer Transaction ID : 9236084 Occupation	Date (month, day, year) 05/28/2026	Amount 5000.00
CITY Washington	STATE DC	ZIP CODE 20001-2029							
C. FULL NAME MAILING ADDRESS <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">CITY</td> <td style="width: 15%; border: none;">STATE</td> <td style="width: 20%; border: none;">ZIP CODE</td> </tr> </table>				CITY	STATE	ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
CITY	STATE	ZIP CODE							
D. FULL NAME MAILING ADDRESS <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">CITY</td> <td style="width: 15%; border: none;">STATE</td> <td style="width: 20%; border: none;">ZIP CODE</td> </tr> </table>				CITY	STATE	ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
CITY	STATE	ZIP CODE							
E. FULL NAME MAILING ADDRESS <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">CITY</td> <td style="width: 15%; border: none;">STATE</td> <td style="width: 20%; border: none;">ZIP CODE</td> </tr> </table>				CITY	STATE	ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
CITY	STATE	ZIP CODE							
SIGNATURE (optional) Moore, Tracie, , ,				DATE 05/30/2026	For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov				

--	--	--

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)