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

Mike Johnson for Louisiana

ADDRESS (number and street) C/O 228 S Washington St

Ste. 115

CITY	STATE	ZIP CODE
Alexandria	VA	22314

2. NAME OF CANDIDATE

Johnson, James, Michael, ,

3. OFFICE SOUGHT (State and District)

House LA 04

4. FEC IDENTIFICATION NUMBER

C00608695

5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____

A. FULL NAME LOWES, ROBERT, , , **MAILING ADDRESS** 950 CAMINO MEDIO **CITY** / **STATE** / **ZIP CODE** SANTA BARBARA / CA / 93110-2123	Name of Employer RETIRED **Transaction ID : TX2531998** Occupation RETIRED	Date (month, day, year) 10/31/2026	Amount 1041.02
B. FULL NAME SMITH, LARON, L., MR., **MAILING ADDRESS** 185 LAGUNA ST **CITY** / **STATE** / **ZIP CODE** LOS ALAMOS / NM / 87544-2603	Name of Employer RETIRED **Transaction ID : TX2531973** Occupation RETIRED	Date (month, day, year) 10/31/2026	Amount 1041.02
C. FULL NAME SZAMBECKI, DIANA, , , **MAILING ADDRESS** 5375 PARK DRIVE **CITY** / **STATE** / **ZIP CODE** VERMILION / OH / 44089-1420	Name of Employer HOMEMAKER **Transaction ID : TX2532931** Occupation HOMEMAKER	Date (month, day, year) 10/31/2026	Amount 1000.00
D. FULL NAME **MAILING ADDRESS** **CITY** / **STATE** / **ZIP CODE**	Name of Employer Occupation	Date (month, day, year)	Amount
E. FULL NAME **MAILING ADDRESS** **CITY** / **STATE** / **ZIP CODE**	Name of Employer Occupation	Date (month, day, year)	Amount

SIGNATURE (optional)

Lisker, Lisa, , ,

[Electronically Filed]

DATE

11/02/2026

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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FEC FORM 6
(Revised 03/2016)