

# 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>Mark DeSaulnier for Congress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                             |                                 |                                                  |                                                                                                             |  |  |                  |                                       |                   |                                                           |  |  |                                 |  |  |                           |                    |                               |            |  |  |
| <b>ADDRESS</b> (number and street) 600 Pennsylvania Ave SE<br>Unit 15180                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                                             |                                 |                                                  |                                                                                                             |  |  |                  |                                       |                   |                                                           |  |  |                                 |  |  |                           |                    |                               |            |  |  |
| <b>CITY</b><br>Washington                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>STATE</b><br>DC | <b>ZIP CODE</b><br>20003                                    |                                 |                                                  |                                                                                                             |  |  |                  |                                       |                   |                                                           |  |  |                                 |  |  |                           |                    |                               |            |  |  |
| <b>2. NAME OF CANDIDATE</b><br>DeSaulnier, Mark, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House CA 10 |                                 | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00554709 |                                                                                                             |  |  |                  |                                       |                   |                                                           |  |  |                                 |  |  |                           |                    |                               |            |  |  |
| <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" style="padding: 5px;"> <b>A. FULL NAME</b><br/>           Sheet Metal, Air, Rail, and Transportation Workers Political Action League         </td> <td style="padding: 5px;">           Name of Employer         </td> <td style="padding: 5px;">           Date (month, day, year)<br/>           10/31/2024         </td> <td style="padding: 5px;">           Amount<br/>           2500.00         </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <b>MAILING ADDRESS</b><br/>           1750 New York Ave NW<br/>           Ste 600         </td> <td colspan="2" style="padding: 5px;"> <b>Transaction ID : 8418203</b> </td> <td></td> </tr> <tr> <td style="padding: 5px;"> <b>CITY</b><br/>           Washington         </td> <td style="padding: 5px;"> <b>STATE</b><br/>           DC         </td> <td style="padding: 5px;"> <b>ZIP CODE</b><br/>           20006-5301         </td> <td colspan="2" style="padding: 5px;">           Occupation         </td> <td></td> </tr> </table> |                    |                                                             |                                 |                                                  | <b>A. FULL NAME</b><br>Sheet Metal, Air, Rail, and Transportation Workers Political Action League           |  |  | Name of Employer | Date (month, day, year)<br>10/31/2024 | Amount<br>2500.00 | <b>MAILING ADDRESS</b><br>1750 New York Ave NW<br>Ste 600 |  |  | <b>Transaction ID : 8418203</b> |  |  | <b>CITY</b><br>Washington | <b>STATE</b><br>DC | <b>ZIP CODE</b><br>20006-5301 | Occupation |  |  |
| <b>A. FULL NAME</b><br>Sheet Metal, Air, Rail, and Transportation Workers Political Action League                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                                                             | Name of Employer                | Date (month, day, year)<br>10/31/2024            | Amount<br>2500.00                                                                                           |  |  |                  |                                       |                   |                                                           |  |  |                                 |  |  |                           |                    |                               |            |  |  |
| <b>MAILING ADDRESS</b><br>1750 New York Ave NW<br>Ste 600                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                             | <b>Transaction ID : 8418203</b> |                                                  |                                                                                                             |  |  |                  |                                       |                   |                                                           |  |  |                                 |  |  |                           |                    |                               |            |  |  |
| <b>CITY</b><br>Washington                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>STATE</b><br>DC | <b>ZIP CODE</b><br>20006-5301                               | Occupation                      |                                                  |                                                                                                             |  |  |                  |                                       |                   |                                                           |  |  |                                 |  |  |                           |                    |                               |            |  |  |
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| <b>B. 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                      |                                                  |                                                                                                             |  |  |                  |                                       |                   |                                                           |  |  |                                 |  |  |                           |                    |                               |            |  |  |
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| <b>C. 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                      |                                                  |                                                                                                             |  |  |                  |                                       |                   |                                                           |  |  |                                 |  |  |                           |                    |                               |            |  |  |
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| <b>D. 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                      |                                                  |                                                                                                             |  |  |                  |                                       |                   |                                                           |  |  |                                 |  |  |                           |                    |                               |            |  |  |
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| <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>Schoenberger, Lupe, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                                             |                                 | <b>DATE</b><br>11/02/2024                        | 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)