

# 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>Texans for Henry Cuellar Congressional Campaign                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                                                             |                                 |                                                  |                                                                                                             |  |  |                         |                                              |                          |                                                               |  |  |                                 |  |  |                           |                    |                               |                   |  |  |
| <b>ADDRESS</b> (number and street) P.O. Box 6147                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                                                             |                                 |                                                  |                                                                                                             |  |  |                         |                                              |                          |                                                               |  |  |                                 |  |  |                           |                    |                               |                   |  |  |
| <b>CITY</b><br>Laredo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>STATE</b><br>TX | <b>ZIP CODE</b><br>78042                                    |                                 |                                                  |                                                                                                             |  |  |                         |                                              |                          |                                                               |  |  |                                 |  |  |                           |                    |                               |                   |  |  |
| <b>2. NAME OF CANDIDATE</b><br>Cuellar, Henry, R., ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House TX 28 |                                 | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00371302 |                                                                                                             |  |  |                         |                                              |                          |                                                               |  |  |                                 |  |  |                           |                    |                               |                   |  |  |
| <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/>DCCC           </td> <td style="padding: 5px;"> <b>Name of Employer</b> </td> <td style="padding: 5px;"> <b>Date (month, day, year)</b><br/>02/27/2026           </td> <td style="padding: 5px;"> <b>Amount</b><br/>3324.69           </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <b>MAILING ADDRESS</b><br/>430 S Capitol St SE<br/>Fl 2<br/>CITY           </td> <td colspan="2" style="padding: 5px;"> <b>Transaction ID : 8656172</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/>20003-4024           </td> <td colspan="2" style="padding: 5px;"> <b>Occupation</b> </td> <td></td> </tr> </table> |                    |                                                             |                                 |                                                  | <b>A. FULL NAME</b><br>DCCC                                                                                 |  |  | <b>Name of Employer</b> | <b>Date (month, day, year)</b><br>02/27/2026 | <b>Amount</b><br>3324.69 | <b>MAILING ADDRESS</b><br>430 S Capitol St SE<br>Fl 2<br>CITY |  |  | <b>Transaction ID : 8656172</b> |  |  | <b>CITY</b><br>Washington | <b>STATE</b><br>DC | <b>ZIP CODE</b><br>20003-4024 | <b>Occupation</b> |  |  |
| <b>A. FULL NAME</b><br>DCCC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                             | <b>Name of Employer</b>         | <b>Date (month, day, year)</b><br>02/27/2026     | <b>Amount</b><br>3324.69                                                                                    |  |  |                         |                                              |                          |                                                               |  |  |                                 |  |  |                           |                    |                               |                   |  |  |
| <b>MAILING ADDRESS</b><br>430 S Capitol St SE<br>Fl 2<br>CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                             | <b>Transaction ID : 8656172</b> |                                                  |                                                                                                             |  |  |                         |                                              |                          |                                                               |  |  |                                 |  |  |                           |                    |                               |                   |  |  |
| <b>CITY</b><br>Washington                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>STATE</b><br>DC | <b>ZIP CODE</b><br>20003-4024                               | <b>Occupation</b>               |                                                  |                                                                                                             |  |  |                         |                                              |                          |                                                               |  |  |                                 |  |  |                           |                    |                               |                   |  |  |
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| <b>B. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                                             | <b>Name of Employer</b>         | <b>Date (month, day, year)</b>                   | <b>Amount</b>                                                                                               |  |  |                         |                                              |                          |                                                               |  |  |                                 |  |  |                           |                    |                               |                   |  |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                                                             |                                 |                                                  |                                                                                                             |  |  |                         |                                              |                          |                                                               |  |  |                                 |  |  |                           |                    |                               |                   |  |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>STATE</b>       | <b>ZIP CODE</b>                                             | <b>Occupation</b>               |                                                  |                                                                                                             |  |  |                         |                                              |                          |                                                               |  |  |                                 |  |  |                           |                    |                               |                   |  |  |
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| <b>C. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                                             | <b>Name of Employer</b>         | <b>Date (month, day, year)</b>                   | <b>Amount</b>                                                                                               |  |  |                         |                                              |                          |                                                               |  |  |                                 |  |  |                           |                    |                               |                   |  |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                                                             |                                 |                                                  |                                                                                                             |  |  |                         |                                              |                          |                                                               |  |  |                                 |  |  |                           |                    |                               |                   |  |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>STATE</b>       | <b>ZIP CODE</b>                                             | <b>Occupation</b>               |                                                  |                                                                                                             |  |  |                         |                                              |                          |                                                               |  |  |                                 |  |  |                           |                    |                               |                   |  |  |
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| <b>D. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                                             | <b>Name of Employer</b>         | <b>Date (month, day, year)</b>                   | <b>Amount</b>                                                                                               |  |  |                         |                                              |                          |                                                               |  |  |                                 |  |  |                           |                    |                               |                   |  |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                                                             |                                 |                                                  |                                                                                                             |  |  |                         |                                              |                          |                                                               |  |  |                                 |  |  |                           |                    |                               |                   |  |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>STATE</b>       | <b>ZIP CODE</b>                                             | <b>Occupation</b>               |                                                  |                                                                                                             |  |  |                         |                                              |                          |                                                               |  |  |                                 |  |  |                           |                    |                               |                   |  |  |
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| <b>E. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                                             | <b>Name of Employer</b>         | <b>Date (month, day, year)</b>                   | <b>Amount</b>                                                                                               |  |  |                         |                                              |                          |                                                               |  |  |                                 |  |  |                           |                    |                               |                   |  |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                                                             |                                 |                                                  |                                                                                                             |  |  |                         |                                              |                          |                                                               |  |  |                                 |  |  |                           |                    |                               |                   |  |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>STATE</b>       | <b>ZIP CODE</b>                                             | <b>Occupation</b>               |                                                  |                                                                                                             |  |  |                         |                                              |                          |                                                               |  |  |                                 |  |  |                           |                    |                               |                   |  |  |
| <b>SIGNATURE (optional)</b><br>Ortiz, Jerri Lynn, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                             |                                 | <b>DATE</b><br>03/01/2026                        | 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)