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
Blake Miguez for Louisiana

ADDRESS (number and street) PO Box 10112

CITY	STATE	ZIP CODE
New Iberia	LA	70562

2. NAME OF CANDIDATE
Miguez, Blake, John, ,

3. OFFICE SOUGHT (State and District)
House LA 05

4. FEC IDENTIFICATION NUMBER
C00908459

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

A. FULL NAME Crochet, Brent, , , **MAILING ADDRESS** PO Box 618 **CITY** St Martinville **STATE** LA **ZIP CODE** 70582	Name of Employer Cajun Spraying Equipment **Transaction ID : F65-29043** Occupation Owner	Date (month, day, year) 04/28/2026	Amount 1000.00
B. FULL NAME Quirk, Cindy, , , **MAILING ADDRESS** 7894 Vincent Road **CITY** Denham Springs **STATE** LA **ZIP CODE** 70726	Name of Employer Plantation Management **Transaction ID : F65-29050** Occupation Manager/Owner	Date (month, day, year) 04/28/2026	Amount 5250.00
C. FULL NAME Quirk, Gene, , , **MAILING ADDRESS** 7894 Vincent Rd **CITY** Denham Springs **STATE** LA **ZIP CODE** 70726	Name of Employer Plantation Management Company **Transaction ID : F65-29042** Occupation Nursing Home Owner	Date (month, day, year) 04/28/2026	Amount 5250.00
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)
Maloy, Amanda, , ,

DATE
04/29/2026

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

FEC FORM 6
(Revised 03/2016)