

# 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>Rakhi Israni for Congress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                               |                                                             |                           |                                                                                                                                        |                   |  |                              |  |                                       |                   |                                             |  |  |                                 |  |                            |                    |                               |                        |  |
| <b>ADDRESS</b> (number and street) 47000 Warm Springs Blvd<br>#281                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                               |                                                             |                           |                                                                                                                                        |                   |  |                              |  |                                       |                   |                                             |  |  |                                 |  |                            |                    |                               |                        |  |
| <b>CITY</b><br>Fremont                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    | <b>STATE</b><br>CA            |                                                             | <b>ZIP CODE</b><br>94539  |                                                                                                                                        |                   |  |                              |  |                                       |                   |                                             |  |  |                                 |  |                            |                    |                               |                        |  |
| <b>2. NAME OF CANDIDATE</b><br>Israni, Rakhi, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                               | <b>3. OFFICE SOUGHT</b> (State and District)<br>House CA 14 |                           |                                                                                                                                        |                   |  |                              |  |                                       |                   |                                             |  |  |                                 |  |                            |                    |                               |                        |  |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00935338                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                               |                                                             |                           |                                                                                                                                        |                   |  |                              |  |                                       |                   |                                             |  |  |                                 |  |                            |                    |                               |                        |  |
| <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"><b>A. FULL NAME</b><br/>Pailoor, Ramachandra, , ,</td> <td colspan="2">Name of Employer<br/>EchoNaus</td> <td rowspan="3">Date (month, day, year)<br/>05/30/2026</td> <td rowspan="3">Amount<br/>1000.00</td> </tr> <tr> <td colspan="3"><b>MAILING ADDRESS</b><br/>16302 NE 196Th St</td> <td colspan="2"><b>Transaction ID : 1881270</b></td> </tr> <tr> <td><b>CITY</b><br/>Woodinville</td> <td><b>STATE</b><br/>WA</td> <td><b>ZIP CODE</b><br/>98072-7046</td> <td colspan="2">Occupation<br/>Engineer</td> </tr> </table> |                    |                               |                                                             |                           | <b>A. FULL NAME</b><br>Pailoor, Ramachandra, , ,                                                                                       |                   |  | Name of Employer<br>EchoNaus |  | Date (month, day, year)<br>05/30/2026 | Amount<br>1000.00 | <b>MAILING ADDRESS</b><br>16302 NE 196Th St |  |  | <b>Transaction ID : 1881270</b> |  | <b>CITY</b><br>Woodinville | <b>STATE</b><br>WA | <b>ZIP CODE</b><br>98072-7046 | Occupation<br>Engineer |  |
| <b>A. FULL NAME</b><br>Pailoor, Ramachandra, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                               | Name of Employer<br>EchoNaus                                |                           | Date (month, day, year)<br>05/30/2026                                                                                                  | Amount<br>1000.00 |  |                              |  |                                       |                   |                                             |  |  |                                 |  |                            |                    |                               |                        |  |
| <b>MAILING ADDRESS</b><br>16302 NE 196Th St                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                               | <b>Transaction ID : 1881270</b>                             |                           |                                                                                                                                        |                   |  |                              |  |                                       |                   |                                             |  |  |                                 |  |                            |                    |                               |                        |  |
| <b>CITY</b><br>Woodinville                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>STATE</b><br>WA | <b>ZIP CODE</b><br>98072-7046 | Occupation<br>Engineer                                      |                           |                                                                                                                                        |                   |  |                              |  |                                       |                   |                                             |  |  |                                 |  |                            |                    |                               |                        |  |
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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>Pettersen, Jay, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                               |                                                             | <b>DATE</b><br>05/31/2026 | For further information, contact the Federal Election Commission at 800-424-9530 or visit <a href="http://www.fec.gov">www.fec.gov</a> |                   |  |                              |  |                                       |                   |                                             |  |  |                                 |  |                            |                    |                               |                        |  |

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**FEC FORM 6**  
(Revised 03/2016)