

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 Friends of Chris Bennett																												
ADDRESS (number and street) 371 Lakeport Blvd., # 391																												
CITY Lakeport	STATE CA	ZIP CODE 95453																										
2. NAME OF CANDIDATE Bennett, Christopher, , ,		3. OFFICE SOUGHT (State and District) House CA 03		4. FEC IDENTIFICATION NUMBER C00901884																								
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;">A. FULL NAME</td> <td style="padding: 5px;">Name of Employer</td> <td style="padding: 5px;">Date (month, day, year)</td> <td style="padding: 5px;">Amount</td> </tr> <tr> <td colspan="3" style="padding: 5px;">National Union Healthcare Workers Federal COPE</td> <td rowspan="3" style="padding: 5px; text-align: center;">Transaction ID : INC.F65.371</td> <td rowspan="3" style="padding: 5px;">05/20/2026</td> <td rowspan="3" style="padding: 5px; text-align: center;">2000.00</td> </tr> <tr> <td colspan="3" style="padding: 5px;"> MAILING ADDRESS 1700 Tribute Road, Suite 201 </td> </tr> <tr> <td style="padding: 5px;">CITY</td> <td style="padding: 5px;">STATE</td> <td style="padding: 5px;">ZIP CODE</td> </tr> <tr> <td style="padding: 5px;">Sacramento</td> <td style="padding: 5px;">CA</td> <td style="padding: 5px;">95815</td> <td style="padding: 5px;">Occupation</td> <td colspan="2"></td> </tr> </table>					A. FULL NAME			Name of Employer	Date (month, day, year)	Amount	National Union Healthcare Workers Federal COPE			Transaction ID : INC.F65.371	05/20/2026	2000.00	MAILING ADDRESS 1700 Tribute Road, Suite 201			CITY	STATE	ZIP CODE	Sacramento	CA	95815	Occupation		
A. FULL NAME			Name of Employer	Date (month, day, year)	Amount																							
National Union Healthcare Workers Federal COPE			Transaction ID : INC.F65.371	05/20/2026	2000.00																							
MAILING ADDRESS 1700 Tribute Road, Suite 201																												
CITY	STATE	ZIP CODE																										
Sacramento	CA	95815	Occupation																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;">B. FULL NAME</td> <td style="padding: 5px;">Name of Employer</td> <td style="padding: 5px;">Date (month, day, year)</td> <td style="padding: 5px;">Amount</td> </tr> <tr> <td colspan="3" style="padding: 5px;">MAILING ADDRESS</td> <td rowspan="3"></td> <td rowspan="3"></td> <td rowspan="3"></td> </tr> <tr> <td colspan="3" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">CITY</td> <td style="padding: 5px;">STATE</td> <td style="padding: 5px;">ZIP CODE</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">Occupation</td> <td colspan="2"></td> </tr> </table>					B. FULL NAME			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS									CITY	STATE	ZIP CODE				Occupation		
B. FULL NAME			Name of Employer	Date (month, day, year)	Amount																							
MAILING ADDRESS																												
CITY	STATE	ZIP CODE																										
			Occupation																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;">C. FULL NAME</td> <td style="padding: 5px;">Name of Employer</td> <td style="padding: 5px;">Date (month, day, year)</td> <td style="padding: 5px;">Amount</td> </tr> <tr> <td colspan="3" style="padding: 5px;">MAILING ADDRESS</td> <td rowspan="3"></td> <td rowspan="3"></td> <td rowspan="3"></td> </tr> <tr> <td colspan="3" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">CITY</td> <td style="padding: 5px;">STATE</td> <td style="padding: 5px;">ZIP CODE</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">Occupation</td> <td colspan="2"></td> </tr> </table>					C. FULL NAME			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS									CITY	STATE	ZIP CODE				Occupation		
C. FULL NAME			Name of Employer	Date (month, day, year)	Amount																							
MAILING ADDRESS																												
CITY	STATE	ZIP CODE																										
			Occupation																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;">D. FULL NAME</td> <td style="padding: 5px;">Name of Employer</td> <td style="padding: 5px;">Date (month, day, year)</td> <td style="padding: 5px;">Amount</td> </tr> <tr> <td colspan="3" style="padding: 5px;">MAILING ADDRESS</td> <td rowspan="3"></td> <td rowspan="3"></td> <td rowspan="3"></td> </tr> <tr> <td colspan="3" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">CITY</td> <td style="padding: 5px;">STATE</td> <td style="padding: 5px;">ZIP CODE</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">Occupation</td> <td colspan="2"></td> </tr> </table>					D. FULL NAME			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS									CITY	STATE	ZIP CODE				Occupation		
D. FULL NAME			Name of Employer	Date (month, day, year)	Amount																							
MAILING ADDRESS																												
CITY	STATE	ZIP CODE																										
			Occupation																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;">E. FULL NAME</td> <td style="padding: 5px;">Name of Employer</td> <td style="padding: 5px;">Date (month, day, year)</td> <td style="padding: 5px;">Amount</td> </tr> <tr> <td colspan="3" style="padding: 5px;">MAILING ADDRESS</td> <td rowspan="3"></td> <td rowspan="3"></td> <td rowspan="3"></td> </tr> <tr> <td colspan="3" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">CITY</td> <td style="padding: 5px;">STATE</td> <td style="padding: 5px;">ZIP CODE</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">Occupation</td> <td colspan="2"></td> </tr> </table>					E. FULL NAME			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS									CITY	STATE	ZIP CODE				Occupation		
E. FULL NAME			Name of Employer	Date (month, day, year)	Amount																							
MAILING ADDRESS																												
CITY	STATE	ZIP CODE																										
			Occupation																									
SIGNATURE (optional) Johnson, Chelsea, , ,				DATE 05/20/2026	For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov																							

--	--	--

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)