

# 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><b>KUMAR FOR CONGRESS</b>                                                                                                               |  |                    |                                                                                                                                                                |                                          |
| <b>ADDRESS</b> (number and street) 2200 LAURELWOOD RD.                                                                                                                         |  |                    |                                                                                                                                                                |                                          |
| <b>CITY</b><br>SANTA CLARA                                                                                                                                                     |  | <b>STATE</b><br>CA |                                                                                                                                                                | <b>ZIP CODE</b><br>95054                 |
| <b>2. NAME OF CANDIDATE</b><br>Kumar, Rishi, , ,                                                                                                                               |  |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House CA 16                                                                                                    |                                          |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00695866                                                                                                                               |  |                    |                                                                                                                                                                |                                          |
| <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 _____ / _____ / _____ |  |                    |                                                                                                                                                                |                                          |
| <b>A. FULL NAME</b><br>Kamboj, Rakesh , , ,                                                                                                                                    |  |                    |                                                                                                                                                                | Name of Employer<br>Analog Devices       |
| <b>MAILING ADDRESS</b><br>243 Mistletoe Rd                                                                                                                                     |  |                    |                                                                                                                                                                | Date (month, day, year)<br>10/30/2022    |
| <b>CITY</b><br>Los Gatos                                                                                                                                                       |  |                    |                                                                                                                                                                | Amount<br>1000.00                        |
| <b>STATE</b><br>CA                                                                                                                                                             |  |                    |                                                                                                                                                                | <b>Transaction ID : WFT20221011516-1</b> |
| <b>ZIP CODE</b><br>95032                                                                                                                                                       |  |                    |                                                                                                                                                                |                                          |
| <b>Occupation</b><br>Engineer                                                                                                                                                  |  |                    |                                                                                                                                                                |                                          |
| <b>B. FULL NAME</b>                                                                                                                                                            |  |                    |                                                                                                                                                                | Name of Employer                         |
| <b>MAILING ADDRESS</b>                                                                                                                                                         |  |                    |                                                                                                                                                                | Date (month, day, year)                  |
| <b>CITY</b>                                                                                                                                                                    |  |                    |                                                                                                                                                                | Amount                                   |
| <b>STATE</b>                                                                                                                                                                   |  |                    |                                                                                                                                                                |                                          |
| <b>ZIP CODE</b>                                                                                                                                                                |  |                    |                                                                                                                                                                |                                          |
| <b>Occupation</b>                                                                                                                                                              |  |                    |                                                                                                                                                                |                                          |
| <b>C. FULL NAME</b>                                                                                                                                                            |  |                    |                                                                                                                                                                | Name of Employer                         |
| <b>MAILING ADDRESS</b>                                                                                                                                                         |  |                    |                                                                                                                                                                | Date (month, day, year)                  |
| <b>CITY</b>                                                                                                                                                                    |  |                    |                                                                                                                                                                | Amount                                   |
| <b>STATE</b>                                                                                                                                                                   |  |                    |                                                                                                                                                                |                                          |
| <b>ZIP CODE</b>                                                                                                                                                                |  |                    |                                                                                                                                                                |                                          |
| <b>Occupation</b>                                                                                                                                                              |  |                    |                                                                                                                                                                |                                          |
| <b>D. FULL NAME</b>                                                                                                                                                            |  |                    |                                                                                                                                                                | Name of Employer                         |
| <b>MAILING ADDRESS</b>                                                                                                                                                         |  |                    |                                                                                                                                                                | Date (month, day, year)                  |
| <b>CITY</b>                                                                                                                                                                    |  |                    |                                                                                                                                                                | Amount                                   |
| <b>STATE</b>                                                                                                                                                                   |  |                    |                                                                                                                                                                |                                          |
| <b>ZIP CODE</b>                                                                                                                                                                |  |                    |                                                                                                                                                                |                                          |
| <b>Occupation</b>                                                                                                                                                              |  |                    |                                                                                                                                                                |                                          |
| <b>E. FULL NAME</b>                                                                                                                                                            |  |                    |                                                                                                                                                                | Name of Employer                         |
| <b>MAILING ADDRESS</b>                                                                                                                                                         |  |                    |                                                                                                                                                                | Date (month, day, year)                  |
| <b>CITY</b>                                                                                                                                                                    |  |                    |                                                                                                                                                                | Amount                                   |
| <b>STATE</b>                                                                                                                                                                   |  |                    |                                                                                                                                                                |                                          |
| <b>ZIP CODE</b>                                                                                                                                                                |  |                    |                                                                                                                                                                |                                          |
| <b>Occupation</b>                                                                                                                                                              |  |                    |                                                                                                                                                                |                                          |
| <b>SIGNATURE (optional)</b><br>Kumar, Rishi, , ,                                                                                                                               |  |                    | <b>DATE</b><br>11/01/2022                                                                                                                                      |                                          |
| <b>[Electronically Filed]</b>                                                                                                                                                  |  |                    | <b>For further information contact:</b><br>Federal Election Commission<br>999 E Street, NW, Washington, DC 20463<br>Toll Free 800-424-9530, Local 202-694-1100 |                                          |

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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)