

# 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>Kevin Lincoln for Congress                                                                                                           |  |                    |                                                             |                                       |                                                  |
| <b>ADDRESS</b> (number and street) 9460 Tegner Road                                                                                                                         |  |                    |                                                             |                                       |                                                  |
| <b>CITY</b><br>Hilmar                                                                                                                                                       |  | <b>STATE</b><br>CA |                                                             | <b>ZIP CODE</b><br>95324              |                                                  |
| <b>2. NAME OF CANDIDATE</b><br>Lincoln, Kevin, J, , II                                                                                                                      |  |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House CA 13 |                                       | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00845826 |
| <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>Burchett for Congress                                                                                                                                |  |                    |                                                             | Name of Employer                      |                                                  |
| <b>MAILING ADDRESS</b><br>PO Box 51345                                                                                                                                      |  |                    |                                                             | Date (month, day, year)<br>05/28/2026 |                                                  |
| <b>CITY</b><br>Knoxville                                                                                                                                                    |  |                    |                                                             | Amount<br>2000.00                     |                                                  |
| <b>STATE</b><br>TN                                                                                                                                                          |  |                    |                                                             | <b>Transaction ID : F65-1339755</b>   |                                                  |
| <b>ZIP CODE</b><br>37950                                                                                                                                                    |  |                    |                                                             | Occupation                            |                                                  |
| <b>B. FULL NAME</b><br>Coppedge, Timothy, , ,                                                                                                                               |  |                    |                                                             | Name of Employer                      |                                                  |
| <b>MAILING ADDRESS</b><br>PO Box 830                                                                                                                                        |  |                    |                                                             | Date (month, day, year)<br>05/28/2026 |                                                  |
| <b>CITY</b><br>Modesto                                                                                                                                                      |  |                    |                                                             | Amount<br>1000.00                     |                                                  |
| <b>STATE</b><br>CA                                                                                                                                                          |  |                    |                                                             | <b>Transaction ID : F65-1339759</b>   |                                                  |
| <b>ZIP CODE</b><br>95353                                                                                                                                                    |  |                    |                                                             | Occupation                            |                                                  |
|                                                                                                                                                                             |  |                    |                                                             | Manager                               |                                                  |
| <b>C. FULL NAME</b><br>Davis, Lonny, , ,                                                                                                                                    |  |                    |                                                             | Name of Employer                      |                                                  |
| <b>MAILING ADDRESS</b><br>1878 East Hatch Road                                                                                                                              |  |                    |                                                             | Date (month, day, year)<br>05/28/2026 |                                                  |
| <b>CITY</b><br>Modesto                                                                                                                                                      |  |                    |                                                             | Amount<br>1000.00                     |                                                  |
| <b>STATE</b><br>CA                                                                                                                                                          |  |                    |                                                             | <b>Transaction ID : F65-1339760</b>   |                                                  |
| <b>ZIP CODE</b><br>95351                                                                                                                                                    |  |                    |                                                             | Occupation                            |                                                  |
|                                                                                                                                                                             |  |                    |                                                             | Owner                                 |                                                  |
| <b>D. FULL NAME</b><br>Mall, Cyndi, , ,                                                                                                                                     |  |                    |                                                             | Name of Employer                      |                                                  |
| <b>MAILING ADDRESS</b><br>25225 Eastin Road                                                                                                                                 |  |                    |                                                             | Date (month, day, year)<br>05/28/2026 |                                                  |
| <b>CITY</b><br>Newman                                                                                                                                                       |  |                    |                                                             | Amount<br>1000.00                     |                                                  |
| <b>STATE</b><br>CA                                                                                                                                                          |  |                    |                                                             | <b>Transaction ID : F65-1339764</b>   |                                                  |
| <b>ZIP CODE</b><br>95360                                                                                                                                                    |  |                    |                                                             | Occupation                            |                                                  |
|                                                                                                                                                                             |  |                    |                                                             | Retired                               |                                                  |
| <b>E. FULL NAME</b><br>Marshall, Barbara, Grimm, ,                                                                                                                          |  |                    |                                                             | Name of Employer                      |                                                  |
| <b>MAILING ADDRESS</b><br>7158 Buena Vista Road                                                                                                                             |  |                    |                                                             | Date (month, day, year)<br>05/28/2026 |                                                  |
| <b>CITY</b><br>Bakersfield                                                                                                                                                  |  |                    |                                                             | Amount<br>3500.00                     |                                                  |
| <b>STATE</b><br>CA                                                                                                                                                          |  |                    |                                                             | <b>Transaction ID : F65-1339757</b>   |                                                  |
| <b>ZIP CODE</b><br>93311                                                                                                                                                    |  |                    |                                                             | Occupation                            |                                                  |
|                                                                                                                                                                             |  |                    |                                                             | Owner                                 |                                                  |
| <b>SIGNATURE (optional)</b><br>Lawler, Kelly, , ,                                                                                                                           |  |                    |                                                             | <b>DATE</b><br>05/28/2026             |                                                  |
| For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov                                                                       |  |                    |                                                             |                                       |                                                  |

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