

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 FISCHBACH FOR CONGRESS			
ADDRESS (number and street) P.O. BOX 190			
CITY LITCHFIELD	STATE MN	ZIP CODE 55355	
2. NAME OF CANDIDATE FISCHBACH, MICHELLE, , ,		3. OFFICE SOUGHT (State and District) House MN 07	
		4. FEC IDENTIFICATION NUMBER C00717959	
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____			
A. FULL NAME SPEVACEK, CHARLES, E., ,		Name of Employer MEAGHER + GEER, P.L.L.P	Date (month, day, year) 08/02/2026
MAILING ADDRESS 4322 CREEKSIDE WAY		Transaction ID : 673B9E9D0900A43B	Amount 1041.02
CITY MINNETRISTA	STATE MN	ZIP CODE 55331-2143	Occupation ATTORNEY
B. FULL NAME BASIN ELECTRIC POWER COOPERATIVE PAC (BASIN ELECTRIC PAC)		Name of Employer	Date (month, day, year) 08/03/2026
MAILING ADDRESS 1717 E INTERSTATE AVE		Transaction ID : 6DA399375AFC14CB	Amount 1000.00
CITY BISMARCK	STATE ND	ZIP CODE 58503-0542	Occupation
C. FULL NAME MOORE HOLDING CO. PAC (DBA MOORE PAC)		Name of Employer	Date (month, day, year) 08/03/2026
MAILING ADDRESS 444 SHEYENNE ST STE 301		Transaction ID : 698CF5B5CDEB34BC	Amount 1000.00
CITY WEST FARGO	STATE ND	ZIP CODE 58078-1755	Occupation
D. FULL NAME		Name of Employer	Date (month, day, year)
MAILING ADDRESS			Amount
CITY	STATE	ZIP CODE	Occupation
E. FULL NAME		Name of Employer	Date (month, day, year)
MAILING ADDRESS			Amount
CITY	STATE	ZIP CODE	Occupation
SIGNATURE (optional) KILGORE, PAUL, , ,		DATE 08/04/2026	For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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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)