

# 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>Sydney Kamlager-Dove for Congress                                                                                                    |                    |                                                             |                           |                                                                                                                                              |
| <b>ADDRESS</b> (number and street) 600 Pennsylvania Ave SE<br>Unit 15180                                                                                                    |                    |                                                             |                           |                                                                                                                                              |
| <b>CITY</b><br>Washington                                                                                                                                                   | <b>STATE</b><br>DC | <b>ZIP CODE</b><br>20003                                    |                           |                                                                                                                                              |
| <b>2. NAME OF CANDIDATE</b><br>Kamlager-Dove, Sydney, , ,                                                                                                                   |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House CA 37 |                           | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00795823                                                                                             |
| <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>American Federation of Teachers, AFL-CIO Committee on Political Education                                                                            |                    | <b>Name of Employer</b>                                     |                           | <b>Date</b> (month, day, year)<br>02/29/2024                                                                                                 |
| <b>MAILING ADDRESS</b><br>555 New Jersey Ave NW                                                                                                                             |                    | <b>Transaction ID : 5595403</b>                             |                           | <b>Amount</b><br>1500.00                                                                                                                     |
| <b>CITY</b><br>Washington                                                                                                                                                   | <b>STATE</b><br>DC | <b>ZIP CODE</b><br>20001-2029                               | <b>Occupation</b>         |                                                                                                                                              |
| <b>B. FULL NAME</b>                                                                                                                                                         |                    | <b>Name of Employer</b>                                     |                           | <b>Date</b> (month, day, year)                                                                                                               |
| <b>MAILING ADDRESS</b>                                                                                                                                                      |                    |                                                             |                           | <b>Amount</b>                                                                                                                                |
| <b>CITY</b>                                                                                                                                                                 | <b>STATE</b>       | <b>ZIP CODE</b>                                             | <b>Occupation</b>         |                                                                                                                                              |
| <b>C. FULL NAME</b>                                                                                                                                                         |                    | <b>Name of Employer</b>                                     |                           | <b>Date</b> (month, day, year)                                                                                                               |
| <b>MAILING ADDRESS</b>                                                                                                                                                      |                    |                                                             |                           | <b>Amount</b>                                                                                                                                |
| <b>CITY</b>                                                                                                                                                                 | <b>STATE</b>       | <b>ZIP CODE</b>                                             | <b>Occupation</b>         |                                                                                                                                              |
| <b>D. FULL NAME</b>                                                                                                                                                         |                    | <b>Name of Employer</b>                                     |                           | <b>Date</b> (month, day, year)                                                                                                               |
| <b>MAILING ADDRESS</b>                                                                                                                                                      |                    |                                                             |                           | <b>Amount</b>                                                                                                                                |
| <b>CITY</b>                                                                                                                                                                 | <b>STATE</b>       | <b>ZIP CODE</b>                                             | <b>Occupation</b>         |                                                                                                                                              |
| <b>E. FULL NAME</b>                                                                                                                                                         |                    | <b>Name of Employer</b>                                     |                           | <b>Date</b> (month, day, year)                                                                                                               |
| <b>MAILING ADDRESS</b>                                                                                                                                                      |                    |                                                             |                           | <b>Amount</b>                                                                                                                                |
| <b>CITY</b>                                                                                                                                                                 | <b>STATE</b>       | <b>ZIP CODE</b>                                             | <b>Occupation</b>         |                                                                                                                                              |
| <b>SIGNATURE (optional)</b><br>Nissen, Melissa, , ,                                                                                                                         |                    |                                                             | <b>DATE</b><br>03/02/2024 | For further information,<br>contact the Federal Election Commission<br>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)