

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 Lofgren for Congress																				
ADDRESS (number and street) c/o Contribution Solutions, LLC 1346 The Alameda 7-380																				
CITY San Jose	STATE CA	ZIP CODE 95126																		
2. NAME OF CANDIDATE Lofgren, Zoe, , ,		3. OFFICE SOUGHT (State and District) House CA 18		4. FEC IDENTIFICATION NUMBER C00289603																
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 Walsh, Brian, , , </td> <td style="padding: 5px;"> Name of Employer Self </td> <td style="padding: 5px;"> Date (month, day, year) 05/29/2026 </td> <td style="padding: 5px;"> Amount 1000.00 </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> MAILING ADDRESS 10820 Ridgeview Way </td> <td colspan="2" style="padding: 5px;"> Transaction ID : 6592416 </td> </tr> <tr> <td style="padding: 5px;"> CITY San Jose </td> <td style="padding: 5px;"> STATE CA </td> <td style="padding: 5px;"> ZIP CODE 95127-2657 </td> <td colspan="2" style="padding: 5px;"> Occupation Neutral </td> </tr> </table>					A. FULL NAME Walsh, Brian, , ,			Name of Employer Self	Date (month, day, year) 05/29/2026	Amount 1000.00	MAILING ADDRESS 10820 Ridgeview Way			Transaction ID : 6592416		CITY San Jose	STATE CA	ZIP CODE 95127-2657	Occupation Neutral	
A. FULL NAME Walsh, Brian, , ,			Name of Employer Self	Date (month, day, year) 05/29/2026	Amount 1000.00															
MAILING ADDRESS 10820 Ridgeview Way			Transaction ID : 6592416																	
CITY San Jose	STATE CA	ZIP CODE 95127-2657	Occupation Neutral																	
<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 colspan="2" 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> <td colspan="2" style="padding: 5px;"> Occupation </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 colspan="2" 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> <td colspan="2" style="padding: 5px;"> Occupation </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 colspan="2" 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> <td colspan="2" style="padding: 5px;"> Occupation </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 colspan="2" 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> <td colspan="2" style="padding: 5px;"> Occupation </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) Huff, Georgie, , ,				DATE 05/31/2026	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)