# 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**

Friends of Rosa DeLauro

**ADDRESS** (number and street) PO Box 65322

| CITY | STATE | ZIP CODE |
|---|---|---|
| Washington | DC | 20035 |

**2. NAME OF CANDIDATE**

DeLauro, Rosa, L, ,

**3. OFFICE SOUGHT** (State and District)

House CT 03

**4. FEC IDENTIFICATION NUMBER**

C00238865

**5. IS THIS AN AMENDMENT?** ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____

| | Name of Employer | Date (month, day, year) | Amount |
|---|---|---|---|
| **A. FULL NAME**<br>NATIONAL MULTIFAMILY HOUSING COUNCIL POLITICAL ACTION COMMITTEE<br>**MAILING ADDRESS**<br>1775 I St NW<br>Ste 1100<br>**CITY** Washington **STATE** DC **ZIP CODE** 20006-2424 | **Transaction ID : 12573348**<br>Occupation | 10/31/2026 | 5000.00 |
| **B. FULL NAME**<br>**MAILING ADDRESS**<br>**CITY** **STATE** **ZIP CODE** | Name of Employer<br>Occupation | Date (month, day, year) | Amount |
| **C. FULL NAME**<br>**MAILING ADDRESS**<br>**CITY** **STATE** **ZIP CODE** | Name of Employer<br>Occupation | Date (month, day, year) | Amount |
| **D. FULL NAME**<br>**MAILING ADDRESS**<br>**CITY** **STATE** **ZIP CODE** | Name of Employer<br>Occupation | Date (month, day, year) | Amount |
| **E. FULL NAME**<br>**MAILING ADDRESS**<br>**CITY** **STATE** **ZIP CODE** | Name of Employer<br>Occupation | Date (month, day, year) | Amount |

**SIGNATURE (optional)**

*Charmel, Patrick, , ,*

***[Electronically Filed]***

**DATE**

11/01/2026

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)