

# 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<br><b>Mike Thompson For Congress</b>                                                                                                       |             |                                                      |                                                                                                                                                         |
| ADDRESS (number and street) 5445 Madison Avenue                                                                                                                         |             |                                                      |                                                                                                                                                         |
| CITY<br>Sacramento                                                                                                                                                      | STATE<br>CA | ZIP CODE<br>95841                                    |                                                                                                                                                         |
| 2. NAME OF CANDIDATE<br>Thompson, Mike, , ,                                                                                                                             |             | 3. OFFICE SOUGHT (State and District)<br>House CA 04 |                                                                                                                                                         |
|                                                                                                                                                                         |             | 4. FEC IDENTIFICATION NUMBER<br>C00326363            |                                                                                                                                                         |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |             |                                                      |                                                                                                                                                         |
| A. FULL NAME<br>Investment Company Institute PAC - ICI PAC                                                                                                              |             |                                                      |                                                                                                                                                         |
| MAILING ADDRESS<br>1401 H Street, NW #1200                                                                                                                              |             | Name of Employer                                     | Date (month, day, year)<br>10/24/2022                                                                                                                   |
| CITY<br>Washington                                                                                                                                                      | STATE<br>DC | ZIP CODE<br>20005                                    | Amount<br>1000.00                                                                                                                                       |
|                                                                                                                                                                         |             | Transaction ID : INC.F65.74668                       |                                                                                                                                                         |
|                                                                                                                                                                         |             | Occupation                                           |                                                                                                                                                         |
| B. FULL NAME                                                                                                                                                            |             |                                                      |                                                                                                                                                         |
| MAILING ADDRESS                                                                                                                                                         |             | Name of Employer                                     | Date (month, day, year)                                                                                                                                 |
| CITY                                                                                                                                                                    | STATE       | ZIP CODE                                             | Amount                                                                                                                                                  |
|                                                                                                                                                                         |             | Occupation                                           |                                                                                                                                                         |
| C. FULL NAME                                                                                                                                                            |             |                                                      |                                                                                                                                                         |
| MAILING ADDRESS                                                                                                                                                         |             | Name of Employer                                     | Date (month, day, year)                                                                                                                                 |
| CITY                                                                                                                                                                    | STATE       | ZIP CODE                                             | Amount                                                                                                                                                  |
|                                                                                                                                                                         |             | Occupation                                           |                                                                                                                                                         |
| D. FULL NAME                                                                                                                                                            |             |                                                      |                                                                                                                                                         |
| MAILING ADDRESS                                                                                                                                                         |             | Name of Employer                                     | Date (month, day, year)                                                                                                                                 |
| CITY                                                                                                                                                                    | STATE       | ZIP CODE                                             | Amount                                                                                                                                                  |
|                                                                                                                                                                         |             | Occupation                                           |                                                                                                                                                         |
| E. FULL NAME                                                                                                                                                            |             |                                                      |                                                                                                                                                         |
| MAILING ADDRESS                                                                                                                                                         |             | Name of Employer                                     | Date (month, day, year)                                                                                                                                 |
| CITY                                                                                                                                                                    | STATE       | ZIP CODE                                             | Amount                                                                                                                                                  |
|                                                                                                                                                                         |             | Occupation                                           |                                                                                                                                                         |
| SIGNATURE (optional)<br>Lewis, Denise, , ,                                                                                                                              |             | DATE<br>10/24/2022                                   | For further information contact:<br>Federal Election Commission<br>999 E Street, NW, Washington, DC 20463<br>Toll Free 800-424-9530, Local 202-694-1100 |
|                                                                                                                                                                         |             |                                                      |                                                                                                                                                         |

[Electronically Filed]

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)