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

Castor for Congress

ADDRESS (number and street) 301 W Platt St Ste 385

CITY	STATE	ZIP CODE
Tampa	FL	33606

2. NAME OF CANDIDATE	3. OFFICE SOUGHT (State and District)	4. FEC IDENTIFICATION NUMBER
Castor, Kathy, , ,	House FL 14	C00410761

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 Barragan For Congress **MAILING ADDRESS** 1840 S Gaffey St # 421 **CITY** San Pedro **STATE** CA **ZIP CODE** 90731-5324	**Transaction ID : 16487925** Occupation	10/30/2026	1000.00
B. FULL NAME Cisneros For Congress **MAILING ADDRESS** PO Box 1153 **CITY** Covina **STATE** CA **ZIP CODE** 91722-0153	**Transaction ID : 16488338** Occupation	10/30/2026	1000.00
C. FULL NAME ELECT MORE DEMOCRATS PAC **MAILING ADDRESS** 600 Pennsylvania Ave SE Unit 15180 **CITY** Washington **STATE** DC **ZIP CODE** 20003-7508	**Transaction ID : 16488339** Occupation	10/30/2026	1000.00
D. FULL NAME HEARPAC Of Hearing Industries Association **MAILING ADDRESS** 1301 K St NW Ste 300W **CITY** Washington **STATE** DC **ZIP CODE** 20005-7043	**Transaction ID : 16487928** Occupation	10/30/2026	1000.00
E. FULL NAME MAINTAINING INTEGRITY IN OUR NATION PAC **MAILING ADDRESS** 1030 15Th St NW # 404 **CITY** Washington **STATE** DC **ZIP CODE** 20005-1503	**Transaction ID : 16488335** Occupation	10/30/2026	1000.00

SIGNATURE (optional)

Diamond, Amy, , , ***[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)

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continuation page

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Castor, Kathy, , ,

3. **OFFICE SOUGHT** (State and District)
House FL 14

4. **FEC IDENTIFICATION NUMBER**
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A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer / Occupation	Date (month, day, year)	Amount
Maxwell Alejandro Frost For Congress PO Box 772671 Orlando FL 32877-2671	**Transaction ID : 16487924**	10/30/2026	2000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer / Occupation	Date (month, day, year)	Amount
NATIONAL ASSOCIATION OF LETTER CARRIERS OF U.S.A. POLITICAL FUND (LETTER CARRIER POLITICAL FUND) 100 Indiana Ave NW Ste 709 Washington DC 20001-2144	**Transaction ID : 16488328**	10/30/2026	1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer / Occupation	Date (month, day, year)	Amount
NOVO NORDISK INC. PAC (NOVO NORDISK PAC) 1000 F St NW Fl 4 Washington DC 20004-1514	**Transaction ID : 16488334**	10/30/2026	1500.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer / Occupation	Date (month, day, year)	Amount
People For Derek Kilmer PO Box 1381 Tacoma WA 98401-1381	**Transaction ID : 16487927**	10/30/2026	2000.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer / Occupation	Date (month, day, year)	Amount
Progressive Turnout Project PO Box 4029 Chicago IL 60654-0602	**Transaction ID : 16488331**	10/30/2026	1000.00

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer / Occupation	Date (month, day, year)	Amount
Rebuild America PAC PO Box 15845 Washington DC 20003-0845	**Transaction ID : 16488486**	10/30/2026	2500.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer / Occupation	Date (month, day, year)	Amount
Unity First PAC 2 Village Sq Ste 252 Baltimore MD 21210-1624	**Transaction ID : 16488336**	10/30/2026	1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer / Occupation	Date (month, day, year)	Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer / Occupation	Date (month, day, year)	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer / Occupation	Date (month, day, year)	Amount

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