

# 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>Stand With Sanchez                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                             |                                        |                                                                                                                                                                |                   |  |                                        |                                       |                   |                                     |  |  |                                 |  |                              |                    |                               |                   |  |
| ADDRESS (number and street) PO Box 83142                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                             |                                        |                                                                                                                                                                |                   |  |                                        |                                       |                   |                                     |  |  |                                 |  |                              |                    |                               |                   |  |
| <b>CITY</b><br>Gaithersburg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>STATE</b><br>MD | <b>ZIP CODE</b><br>20883                                    |                                        |                                                                                                                                                                |                   |  |                                        |                                       |                   |                                     |  |  |                                 |  |                              |                    |                               |                   |  |
| <b>2. NAME OF CANDIDATE</b><br>Sanchez, Linda, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House CA 38 |                                        |                                                                                                                                                                |                   |  |                                        |                                       |                   |                                     |  |  |                                 |  |                              |                    |                               |                   |  |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00384057                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                                             |                                        |                                                                                                                                                                |                   |  |                                        |                                       |                   |                                     |  |  |                                 |  |                              |                    |                               |                   |  |
| <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 ____ / ____ / ____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                                                             |                                        |                                                                                                                                                                |                   |  |                                        |                                       |                   |                                     |  |  |                                 |  |                              |                    |                               |                   |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> <b>A. FULL NAME</b><br/>                     Yiu, Yvonne, , ,                 </td> <td style="padding: 5px;">                     Name of Employer<br/>                     Key West Financial                 </td> <td style="padding: 5px;">                     Date (month, day, year)<br/>                     10/26/2022                 </td> <td style="padding: 5px;">                     Amount<br/>                     2900.00                 </td> </tr> <tr> <td colspan="3" style="padding: 5px;">                     MAILING ADDRESS<br/>                     988 Kingsford St                 </td> <td colspan="2" style="padding: 5px;"> <b>Transaction ID : 5158927</b> </td> </tr> <tr> <td style="padding: 5px;"> <b>CITY</b><br/>                     Monterey Park                 </td> <td style="padding: 5px;"> <b>STATE</b><br/>                     CA                 </td> <td style="padding: 5px;"> <b>ZIP CODE</b><br/>                     91754-2663                 </td> <td colspan="2" style="padding: 5px;">                     Occupation<br/>                     CFO                 </td> </tr> </table> |                    |                                                             |                                        | <b>A. FULL NAME</b><br>Yiu, Yvonne, , ,                                                                                                                        |                   |  | Name of Employer<br>Key West Financial | Date (month, day, year)<br>10/26/2022 | Amount<br>2900.00 | MAILING ADDRESS<br>988 Kingsford St |  |  | <b>Transaction ID : 5158927</b> |  | <b>CITY</b><br>Monterey Park | <b>STATE</b><br>CA | <b>ZIP CODE</b><br>91754-2663 | Occupation<br>CFO |  |
| <b>A. FULL NAME</b><br>Yiu, Yvonne, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                                                             | Name of Employer<br>Key West Financial | Date (month, day, year)<br>10/26/2022                                                                                                                          | Amount<br>2900.00 |  |                                        |                                       |                   |                                     |  |  |                                 |  |                              |                    |                               |                   |  |
| MAILING ADDRESS<br>988 Kingsford St                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                                                             | <b>Transaction ID : 5158927</b>        |                                                                                                                                                                |                   |  |                                        |                                       |                   |                                     |  |  |                                 |  |                              |                    |                               |                   |  |
| <b>CITY</b><br>Monterey Park                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>STATE</b><br>CA | <b>ZIP CODE</b><br>91754-2663                               | Occupation<br>CFO                      |                                                                                                                                                                |                   |  |                                        |                                       |                   |                                     |  |  |                                 |  |                              |                    |                               |                   |  |
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| <b>B. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                                                             | Name of Employer                       | Date (month, day, year)                                                                                                                                        | Amount            |  |                                        |                                       |                   |                                     |  |  |                                 |  |                              |                    |                               |                   |  |
| MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                             |                                        |                                                                                                                                                                |                   |  |                                        |                                       |                   |                                     |  |  |                                 |  |                              |                    |                               |                   |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>STATE</b>       | <b>ZIP CODE</b>                                             | Occupation                             |                                                                                                                                                                |                   |  |                                        |                                       |                   |                                     |  |  |                                 |  |                              |                    |                               |                   |  |
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| <b>C. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                                                             | Name of Employer                       | Date (month, day, year)                                                                                                                                        | Amount            |  |                                        |                                       |                   |                                     |  |  |                                 |  |                              |                    |                               |                   |  |
| MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                             |                                        |                                                                                                                                                                |                   |  |                                        |                                       |                   |                                     |  |  |                                 |  |                              |                    |                               |                   |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>STATE</b>       | <b>ZIP CODE</b>                                             | Occupation                             |                                                                                                                                                                |                   |  |                                        |                                       |                   |                                     |  |  |                                 |  |                              |                    |                               |                   |  |
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| <b>D. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                                                             | Name of Employer                       | Date (month, day, year)                                                                                                                                        | Amount            |  |                                        |                                       |                   |                                     |  |  |                                 |  |                              |                    |                               |                   |  |
| MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                             |                                        |                                                                                                                                                                |                   |  |                                        |                                       |                   |                                     |  |  |                                 |  |                              |                    |                               |                   |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>STATE</b>       | <b>ZIP CODE</b>                                             | Occupation                             |                                                                                                                                                                |                   |  |                                        |                                       |                   |                                     |  |  |                                 |  |                              |                    |                               |                   |  |
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| <b>E. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                                                             | Name of Employer                       | Date (month, day, year)                                                                                                                                        | Amount            |  |                                        |                                       |                   |                                     |  |  |                                 |  |                              |                    |                               |                   |  |
| MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                             |                                        |                                                                                                                                                                |                   |  |                                        |                                       |                   |                                     |  |  |                                 |  |                              |                    |                               |                   |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>STATE</b>       | <b>ZIP CODE</b>                                             | Occupation                             |                                                                                                                                                                |                   |  |                                        |                                       |                   |                                     |  |  |                                 |  |                              |                    |                               |                   |  |
| <b>SIGNATURE (optional)</b><br>Winpisinger, Vickie, L, ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                             | <b>DATE</b><br>10/28/2022              | <b>For further information contact:</b><br>Federal Election Commission<br>999 E Street, NW, Washington, DC 20463<br>Toll Free 800-424-9530, Local 202-694-1100 |                   |  |                                        |                                       |                   |                                     |  |  |                                 |  |                              |                    |                               |                   |  |
| [Electronically Filed]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                             |                                        |                                                                                                                                                                |                   |  |                                        |                                       |                   |                                     |  |  |                                 |  |                              |                    |                               |                   |  |

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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.