

# 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>DEREK SCHMIDT FOR CONGRESS                                                                                                              |  |             |                                                      |                        |
| ADDRESS (number and street) PO BOX 4010                                                                                                                                 |  |             |                                                      |                        |
| CITY<br>TOPEKA                                                                                                                                                          |  | STATE<br>KS |                                                      | ZIP CODE<br>66604-0010 |
| 2. NAME OF CANDIDATE<br>SCHMIDT, DEREK, , ,                                                                                                                             |  |             | 3. OFFICE SOUGHT (State and District)<br>House KS 02 |                        |
| 4. FEC IDENTIFICATION NUMBER<br>C00877373                                                                                                                               |  |             |                                                      |                        |
| 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>HEINEN, SCOTT, , ,                                                                                                                                      |  |             | Name of Employer<br>SELF                             |                        |
| MAILING ADDRESS<br>1210 104TH RD                                                                                                                                        |  |             | Date (month, day, year)<br>07/22/2026                |                        |
| CITY<br>SENECA                                                                                                                                                          |  |             | Amount<br>1000.00                                    |                        |
| STATE<br>KS                                                                                                                                                             |  |             | Transaction ID : 6815975CDF17140C6                   |                        |
| ZIP CODE<br>66538-2593                                                                                                                                                  |  |             | Occupation<br>FARMER                                 |                        |
| B. FULL NAME<br>PORTER, ROBERT, D., ,                                                                                                                                   |  |             | Name of Employer<br>INFORMATION REQUESTED            |                        |
| MAILING ADDRESS<br>7537 SW 33RD ST                                                                                                                                      |  |             | Date (month, day, year)<br>07/22/2026                |                        |
| CITY<br>TOPEKA                                                                                                                                                          |  |             | Amount<br>1000.00                                    |                        |
| STATE<br>KS                                                                                                                                                             |  |             | Transaction ID : 631F09404F545485C9                  |                        |
| ZIP CODE<br>66614-4660                                                                                                                                                  |  |             | Occupation<br>INFORMATION REQUESTED                  |                        |
| C. FULL NAME<br>HEINEN, GLENN, , ,                                                                                                                                      |  |             | Name of Employer<br>HEINEN BROS. AG SERVICE          |                        |
| MAILING ADDRESS<br>1366 120TH RD                                                                                                                                        |  |             | Date (month, day, year)<br>07/22/2026                |                        |
| CITY<br>SENECA                                                                                                                                                          |  |             | Amount<br>1000.00                                    |                        |
| STATE<br>KS                                                                                                                                                             |  |             | Transaction ID : 61EA20325054B4D7E                   |                        |
| ZIP CODE<br>66538-2539                                                                                                                                                  |  |             | Occupation<br>FARMER                                 |                        |
| D. FULL NAME<br>STOMBRES, STEVEN, C., ,                                                                                                                                 |  |             | Name of Employer<br>HARBINGER STRATEGIES             |                        |
| MAILING ADDRESS<br>10092 DANIELS RUN WAY                                                                                                                                |  |             | Date (month, day, year)<br>07/22/2026                |                        |
| CITY<br>FAIRFAX                                                                                                                                                         |  |             | Amount<br>1000.00                                    |                        |
| STATE<br>VA                                                                                                                                                             |  |             | Transaction ID : 6B9575659CE624B72                   |                        |
| ZIP CODE<br>22030-2448                                                                                                                                                  |  |             | Occupation<br>PARTNER                                |                        |
| E. FULL NAME<br>AMERICA'S FIRST PAC                                                                                                                                     |  |             | Name of Employer                                     |                        |
| MAILING ADDRESS<br>PO BOX 26141                                                                                                                                         |  |             | Date (month, day, year)<br>07/22/2026                |                        |
| CITY<br>ALEXANDRIA                                                                                                                                                      |  |             | Amount<br>2500.00                                    |                        |
| STATE<br>VA                                                                                                                                                             |  |             | Transaction ID : 680E7D46FEB8B479I                   |                        |
| ZIP CODE<br>22313-6141                                                                                                                                                  |  |             | Occupation                                           |                        |
| SIGNATURE (optional)<br>BLAES, CLINT, , ,                                                                                                                               |  |             | DATE<br>07/24/2026                                   |                        |
| For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov                                                                   |  |             |                                                      |                        |

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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.

**FEC FORM 6**  
(Revised 03/2016)

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| ADDRESS (number and street) PO BOX 4010                                                                                                                                 |  |                                                      |                         |
| CITY, STATE, and ZIP CODE<br>TOPEKA KS 66604-0010                                                                                                                       |  |                                                      |                         |
| 2. NAME OF CANDIDATE<br>SCHMIDT, DEREK, , ,                                                                                                                             |  | 3. OFFICE SOUGHT (State and District)<br>House KS 02 |                         |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00877373            |                         |
| 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, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |                         |
| FREE STATE PAC                                                                                                                                                          |  | Name of Employer                                     | Date (month, day, year) |
| PO BOX 118                                                                                                                                                              |  |                                                      | 07/22/2026              |
| COURTLAND KS 66939-0118                                                                                                                                                 |  | Transaction ID : 67301915DE1A54988AF6                | Amount<br>5000.00       |
|                                                                                                                                                                         |  | Occupation                                           |                         |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |                         |
|                                                                                                                                                                         |  | Name of Employer                                     | Date (month, day, year) |
|                                                                                                                                                                         |  |                                                      |                         |
|                                                                                                                                                                         |  | Occupation                                           |                         |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |                         |
|                                                                                                                                                                         |  | Name of Employer                                     | Date (month, day, year) |
|                                                                                                                                                                         |  |                                                      |                         |
|                                                                                                                                                                         |  | Occupation                                           |                         |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |                         |
|                                                                                                                                                                         |  | Name of Employer                                     | Date (month, day, year) |
|                                                                                                                                                                         |  |                                                      |                         |
|                                                                                                                                                                         |  | Occupation                                           |                         |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |                         |
|                                                                                                                                                                         |  | Name of Employer                                     | Date (month, day, year) |
|                                                                                                                                                                         |  |                                                      |                         |
|                                                                                                                                                                         |  | Occupation                                           |                         |

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