

# 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>MIKE ERICKSON FOR CONGRESS                                                                                                              |             |                                               |                                                   |                                       |
| ADDRESS (number and street) PO BOX 23811                                                                                                                                |             |                                               |                                                   |                                       |
| CITY<br>TIGARD                                                                                                                                                          |             | STATE<br>OR                                   |                                                   | ZIP CODE<br>97281                     |
| 2. NAME OF CANDIDATE<br>ERICKSON, MICHAEL, , ,                                                                                                                          |             |                                               | 3. OFFICE SOUGHT (State and District)<br>House OR |                                       |
| 4. FEC IDENTIFICATION NUMBER<br>C00809178                                                                                                                               |             |                                               |                                                   |                                       |
| 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>Benson, David, , ,                                                                                                                                      |             | Name of Employer<br>BasX solutions            |                                                   | Date (month, day, year)<br>10/22/2024 |
| MAILING ADDRESS<br>3500 Southwest 21st Place                                                                                                                            |             | Transaction ID : F6.8834                      |                                                   | Amount<br>2000.00                     |
| CITY<br>Redmond                                                                                                                                                         | STATE<br>OR | ZIP CODE<br>97062                             | Occupation<br>President                           |                                       |
| B. FULL NAME<br>Benson, Rhea, , ,                                                                                                                                       |             | Name of Employer<br>retired                   |                                                   | Date (month, day, year)<br>10/22/2024 |
| MAILING ADDRESS<br>3500 Southwest 21st Place                                                                                                                            |             | Transaction ID : F6.8835                      |                                                   | Amount<br>2000.00                     |
| CITY<br>Redmond                                                                                                                                                         | STATE<br>OR | ZIP CODE<br>97756                             | Occupation<br>retired                             |                                       |
| C. FULL NAME<br>Ellis, David L., , ,                                                                                                                                    |             | Name of Employer<br>Capacity Commercial Group |                                                   | Date (month, day, year)<br>10/22/2024 |
| MAILING ADDRESS<br>805 SW Broadway<br>Suite 700                                                                                                                         |             | Transaction ID : F6.8814                      |                                                   | Amount<br>2000.00                     |
| CITY<br>Portland                                                                                                                                                        | STATE<br>OR | ZIP CODE<br>97205                             | Occupation<br>Principal                           |                                       |
| D. FULL NAME<br>Hanna, Mark, , ,                                                                                                                                        |             | Name of Employer<br>Self employed             |                                                   | Date (month, day, year)<br>10/21/2024 |
| MAILING ADDRESS<br>13961 Knaus Rd                                                                                                                                       |             | Transaction ID : F6.8830                      |                                                   | Amount<br>2000.00                     |
| CITY<br>Lake Oswego                                                                                                                                                     | STATE<br>OR | ZIP CODE<br>97034                             | Occupation<br>Entrepreneur                        |                                       |
| E. FULL NAME<br>Lekas, John, , ,                                                                                                                                        |             | Name of Employer<br>Leader Capital            |                                                   | Date (month, day, year)<br>10/22/2024 |
| MAILING ADDRESS<br>315 W MILL PLAIN BLVD<br>STE 204                                                                                                                     |             | Transaction ID : F6.8836                      |                                                   | Amount<br>3300.00                     |
| CITY<br>VANCOUVER                                                                                                                                                       | STATE<br>WA | ZIP CODE<br>98660                             | Occupation<br>Adviser                             |                                       |
| SIGNATURE (optional)<br>Marston, Chris, , ,                                                                                                                             |             |                                               | DATE<br>10/23/2024                                |                                       |
| 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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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------|--|
| 1. NAME OF COMMITTEE IN FULL<br>MIKE ERICKSON FOR CONGRESS                                                                                                              |  |                                                                                      |  |
| ADDRESS (number and street) PO BOX 23811                                                                                                                                |  |                                                                                      |  |
| CITY, STATE, and ZIP CODE<br>TIGARD OR 97281                                                                                                                            |  |                                                                                      |  |
| 2. NAME OF CANDIDATE<br>ERICKSON, MICHAEL, , ,                                                                                                                          |  | 3. OFFICE SOUGHT (State and District)<br>House OR                                    |  |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00809178                                            |  |
| 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 _____ / _____ / _____ |  |                                                                                      |  |
| continuation page                                                                                                                                                       |  |                                                                                      |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>Miller, Steve, , ,<br><br>10970 Southwest Bannoch Street<br><br>Tualatin OR 97062                                     |  | Name of Employer<br>Retired<br><br>Transaction ID : F6.8837<br>Occupation<br>Retired |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/22/2024                                                |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                    |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>Mitzel, Glen, , ,<br><br>480 SW Riverbend Drive<br><br>West Linn OR 97068                                             |  | Name of Employer<br>retired<br><br>Transaction ID : F6.8832<br>Occupation<br>retired |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/21/2024                                                |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                    |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>Smith, Brian, , ,<br><br>1930 NW Irving St<br>Apt 601<br>Portla d OR 97209                                            |  | Name of Employer<br>retired<br><br>Transaction ID : F6.8833<br>Occupation<br>retired |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/21/2024                                                |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                    |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>ERICKSON, MICHAEL, , ,<br><br>13800 SW STAMPHER ROAD<br><br>LAKE OSWEGO OR 97034                                      |  | Name of Employer<br>AFMS LLC<br><br>Transaction ID : F6.8815<br>Occupation<br>Owner  |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/22/2024                                                |  |
|                                                                                                                                                                         |  | Amount<br>148700.00                                                                  |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  | Name of Employer                                                                     |  |
|                                                                                                                                                                         |  | Occupation                                                                           |  |
|                                                                                                                                                                         |  | Date (month, day, year)                                                              |  |
|                                                                                                                                                                         |  | Amount                                                                               |  |