

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 Allison Jaslow for Congress																						
ADDRESS (number and street) PO Box 92																						
CITY Sneads Ferry	STATE NC	ZIP CODE 28460																				
2. NAME OF CANDIDATE Jaslow, Allison, , ,		3. OFFICE SOUGHT (State and District) House NC 03		4. FEC IDENTIFICATION NUMBER C00931147																		
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;">A. FULL NAME Pro-Choice Majority 2026</td> <td style="padding: 5px;">Name of Employer</td> <td style="padding: 5px;">Date (month, day, year)</td> <td style="padding: 5px;">Amount</td> </tr> <tr> <td colspan="3" style="padding: 5px;"> MAILING ADDRESS 122 C St NW Ste 360 CITY Washington </td> <td style="padding: 5px;">Transaction ID : 9561449</td> <td style="padding: 5px;">02/19/2026</td> <td style="padding: 5px;">5000.00</td> </tr> <tr> <td style="padding: 5px;">STATE DC</td> <td style="padding: 5px;">ZIP CODE 20001-2149</td> <td style="padding: 5px;">Occupation</td> <td colspan="3"></td> </tr> </table>					A. FULL NAME Pro-Choice Majority 2026			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS 122 C St NW Ste 360 CITY Washington			Transaction ID : 9561449	02/19/2026	5000.00	STATE DC	ZIP CODE 20001-2149	Occupation			
A. FULL NAME Pro-Choice Majority 2026			Name of Employer	Date (month, day, year)	Amount																	
MAILING ADDRESS 122 C St NW Ste 360 CITY Washington			Transaction ID : 9561449	02/19/2026	5000.00																	
STATE DC	ZIP CODE 20001-2149	Occupation																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;">B. FULL NAME</td> <td style="padding: 5px;">Name of Employer</td> <td style="padding: 5px;">Date (month, day, year)</td> <td style="padding: 5px;">Amount</td> </tr> <tr> <td colspan="3" style="padding: 5px;">MAILING ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td style="padding: 5px;">CITY</td> <td style="padding: 5px;">STATE</td> <td style="padding: 5px;">ZIP CODE</td> <td style="padding: 5px;">Occupation</td> <td colspan="2"></td> </tr> </table>					B. FULL NAME			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS						CITY	STATE	ZIP CODE	Occupation		
B. FULL NAME			Name of Employer	Date (month, day, year)	Amount																	
MAILING ADDRESS																						
CITY	STATE	ZIP CODE	Occupation																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;">C. FULL NAME</td> <td style="padding: 5px;">Name of Employer</td> <td style="padding: 5px;">Date (month, day, year)</td> <td style="padding: 5px;">Amount</td> </tr> <tr> <td colspan="3" style="padding: 5px;">MAILING ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td style="padding: 5px;">CITY</td> <td style="padding: 5px;">STATE</td> <td style="padding: 5px;">ZIP CODE</td> <td style="padding: 5px;">Occupation</td> <td colspan="2"></td> </tr> </table>					C. FULL NAME			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS						CITY	STATE	ZIP CODE	Occupation		
C. FULL NAME			Name of Employer	Date (month, day, year)	Amount																	
MAILING ADDRESS																						
CITY	STATE	ZIP CODE	Occupation																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;">D. FULL NAME</td> <td style="padding: 5px;">Name of Employer</td> <td style="padding: 5px;">Date (month, day, year)</td> <td style="padding: 5px;">Amount</td> </tr> <tr> <td colspan="3" style="padding: 5px;">MAILING ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td style="padding: 5px;">CITY</td> <td style="padding: 5px;">STATE</td> <td style="padding: 5px;">ZIP CODE</td> <td style="padding: 5px;">Occupation</td> <td colspan="2"></td> </tr> </table>					D. FULL NAME			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS						CITY	STATE	ZIP CODE	Occupation		
D. FULL NAME			Name of Employer	Date (month, day, year)	Amount																	
MAILING ADDRESS																						
CITY	STATE	ZIP CODE	Occupation																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;">E. FULL NAME</td> <td style="padding: 5px;">Name of Employer</td> <td style="padding: 5px;">Date (month, day, year)</td> <td style="padding: 5px;">Amount</td> </tr> <tr> <td colspan="3" style="padding: 5px;">MAILING ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td style="padding: 5px;">CITY</td> <td style="padding: 5px;">STATE</td> <td style="padding: 5px;">ZIP CODE</td> <td style="padding: 5px;">Occupation</td> <td colspan="2"></td> </tr> </table>					E. FULL NAME			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS						CITY	STATE	ZIP CODE	Occupation		
E. FULL NAME			Name of Employer	Date (month, day, year)	Amount																	
MAILING ADDRESS																						
CITY	STATE	ZIP CODE	Occupation																			
SIGNATURE (optional) Barragan, Alejandro, , ,				DATE 02/21/2026	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)