

# 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>Mike Thompson For Congress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                                             |                                       |                                                  |                                                                                                                                              |  |  |                  |                                       |                   |                                                   |  |  |                                       |  |                           |                    |                          |            |  |
| <b>ADDRESS</b> (number and street) 5445 Madison Avenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                                                             |                                       |                                                  |                                                                                                                                              |  |  |                  |                                       |                   |                                                   |  |  |                                       |  |                           |                    |                          |            |  |
| <b>CITY</b><br>Sacramento                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>STATE</b><br>CA | <b>ZIP CODE</b><br>95841                                    |                                       |                                                  |                                                                                                                                              |  |  |                  |                                       |                   |                                                   |  |  |                                       |  |                           |                    |                          |            |  |
| <b>2. NAME OF CANDIDATE</b><br>Thompson, Mike, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House CA 04 |                                       | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00326363 |                                                                                                                                              |  |  |                  |                                       |                   |                                                   |  |  |                                       |  |                           |                    |                          |            |  |
| <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/>           Investment Company Institute PAC - ICI PAC         </td> <td style="padding: 5px;">           Name of Employer         </td> <td style="padding: 5px;">           Date (month, day, year)<br/>           10/30/2024         </td> <td style="padding: 5px;">           Amount<br/>           5000.00         </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <b>MAILING ADDRESS</b><br/>           1401 H Street, NW #1200         </td> <td colspan="2" style="padding: 5px;"> <b>Transaction ID : INC.F65.79786</b> </td> </tr> <tr> <td style="padding: 5px;"> <b>CITY</b><br/>           Washington         </td> <td style="padding: 5px;"> <b>STATE</b><br/>           DC         </td> <td style="padding: 5px;"> <b>ZIP CODE</b><br/>           20005         </td> <td colspan="2" style="padding: 5px;">           Occupation         </td> </tr> </table> |                    |                                                             |                                       |                                                  | <b>A. FULL NAME</b><br>Investment Company Institute PAC - ICI PAC                                                                            |  |  | Name of Employer | Date (month, day, year)<br>10/30/2024 | Amount<br>5000.00 | <b>MAILING ADDRESS</b><br>1401 H Street, NW #1200 |  |  | <b>Transaction ID : INC.F65.79786</b> |  | <b>CITY</b><br>Washington | <b>STATE</b><br>DC | <b>ZIP CODE</b><br>20005 | Occupation |  |
| <b>A. FULL NAME</b><br>Investment Company Institute PAC - ICI PAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                                             | Name of Employer                      | Date (month, day, year)<br>10/30/2024            | Amount<br>5000.00                                                                                                                            |  |  |                  |                                       |                   |                                                   |  |  |                                       |  |                           |                    |                          |            |  |
| <b>MAILING ADDRESS</b><br>1401 H Street, NW #1200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                                             | <b>Transaction ID : INC.F65.79786</b> |                                                  |                                                                                                                                              |  |  |                  |                                       |                   |                                                   |  |  |                                       |  |                           |                    |                          |            |  |
| <b>CITY</b><br>Washington                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>STATE</b><br>DC | <b>ZIP CODE</b><br>20005                                    | Occupation                            |                                                  |                                                                                                                                              |  |  |                  |                                       |                   |                                                   |  |  |                                       |  |                           |                    |                          |            |  |
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| <b>B. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                                             | Name of Employer                      | Date (month, day, year)                          | Amount                                                                                                                                       |  |  |                  |                                       |                   |                                                   |  |  |                                       |  |                           |                    |                          |            |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                                                             |                                       |                                                  |                                                                                                                                              |  |  |                  |                                       |                   |                                                   |  |  |                                       |  |                           |                    |                          |            |  |
| <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                                                                                                                                       |  |  |                  |                                       |                   |                                                   |  |  |                                       |  |                           |                    |                          |            |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                                                             |                                       |                                                  |                                                                                                                                              |  |  |                  |                                       |                   |                                                   |  |  |                                       |  |                           |                    |                          |            |  |
| <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                                                                                                                                       |  |  |                  |                                       |                   |                                                   |  |  |                                       |  |                           |                    |                          |            |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                                                             |                                       |                                                  |                                                                                                                                              |  |  |                  |                                       |                   |                                                   |  |  |                                       |  |                           |                    |                          |            |  |
| <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                                                                                                                                       |  |  |                  |                                       |                   |                                                   |  |  |                                       |  |                           |                    |                          |            |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                                                             |                                       |                                                  |                                                                                                                                              |  |  |                  |                                       |                   |                                                   |  |  |                                       |  |                           |                    |                          |            |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>STATE</b>       | <b>ZIP CODE</b>                                             | Occupation                            |                                                  |                                                                                                                                              |  |  |                  |                                       |                   |                                                   |  |  |                                       |  |                           |                    |                          |            |  |
| <b>SIGNATURE (optional)</b><br>Lewis, Denise, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                                             |                                       | <b>DATE</b><br>10/31/2024                        | For further information,<br>contact the Federal Election Commission<br>at 800-424-9530 or visit <a href="http://www.fec.gov">www.fec.gov</a> |  |  |                  |                                       |                   |                                                   |  |  |                                       |  |                           |                    |                          |            |  |

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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)