

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 Mike Thompson For Congress																					
ADDRESS (number and street) 5445 Madison Avenue																					
CITY Sacramento	STATE CA	ZIP CODE 95841																			
2. NAME OF CANDIDATE Thompson, Mike, , ,		3. OFFICE SOUGHT (State and District) House CA 04																			
4. FEC IDENTIFICATION NUMBER C00326363																					
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 National Emergency Medicine Political Action Committee (NEMPAC) </td> <td style="padding: 5px;"> Name of Employer </td> <td style="padding: 5px;"> Date (month, day, year) 06/01/2022 </td> <td style="padding: 5px;"> Amount 2500.00 </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> MAILING ADDRESS PO Box 619911 </td> <td colspan="3" style="padding: 5px;"> Transaction ID : INC.F65.73509 </td> </tr> <tr> <td style="padding: 5px;"> CITY Dallas </td> <td style="padding: 5px;"> STATE TX </td> <td style="padding: 5px;"> ZIP CODE 75261 </td> <td colspan="3" style="padding: 5px;"> Occupation </td> </tr> </table>				A. FULL NAME National Emergency Medicine Political Action Committee (NEMPAC)			Name of Employer	Date (month, day, year) 06/01/2022	Amount 2500.00	MAILING ADDRESS PO Box 619911			Transaction ID : INC.F65.73509			CITY Dallas	STATE TX	ZIP CODE 75261	Occupation		
A. FULL NAME National Emergency Medicine Political Action Committee (NEMPAC)			Name of Employer	Date (month, day, year) 06/01/2022	Amount 2500.00																
MAILING ADDRESS PO Box 619911			Transaction ID : INC.F65.73509																		
CITY Dallas	STATE TX	ZIP CODE 75261	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" style="padding: 5px;"> </td> </tr> <tr> <td style="padding: 5px;"> CITY </td> <td style="padding: 5px;"> STATE </td> <td style="padding: 5px;"> ZIP CODE </td> <td colspan="3" style="padding: 5px;"> Occupation </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" style="padding: 5px;"> </td> </tr> <tr> <td style="padding: 5px;"> CITY </td> <td style="padding: 5px;"> STATE </td> <td style="padding: 5px;"> ZIP CODE </td> <td colspan="3" style="padding: 5px;"> Occupation </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" style="padding: 5px;"> </td> </tr> <tr> <td style="padding: 5px;"> CITY </td> <td style="padding: 5px;"> STATE </td> <td style="padding: 5px;"> ZIP CODE </td> <td colspan="3" style="padding: 5px;"> Occupation </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" style="padding: 5px;"> </td> </tr> <tr> <td style="padding: 5px;"> CITY </td> <td style="padding: 5px;"> STATE </td> <td style="padding: 5px;"> ZIP CODE </td> <td colspan="3" style="padding: 5px;"> Occupation </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) Lewis, Denise, , ,				DATE 06/02/2022																	
<i>[Electronically Filed]</i>				For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																	

--	--	--

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)