

# 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>WESTERMAN FOR CONGRESS                                                                                                               |                    |                                                             |                                                                                                             |
| <b>ADDRESS</b> (number and street) PO BOX 21097                                                                                                                             |                    |                                                             |                                                                                                             |
| <b>CITY</b><br>HOT SPRINGS                                                                                                                                                  | <b>STATE</b><br>AR | <b>ZIP CODE</b><br>71903                                    |                                                                                                             |
| <b>2. NAME OF CANDIDATE</b><br>Westerman, Bruce, E, Mr.,                                                                                                                    |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House AR 04 |                                                                                                             |
|                                                                                                                                                                             |                    | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00548180            |                                                                                                             |
| <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 ____ / ____ / ____ |                    |                                                             |                                                                                                             |
| <b>A. FULL NAME</b><br>United Keetoowah Band of Cherokee Indians                                                                                                            |                    | Name of Employer                                            | Date (month, day, year)                                                                                     |
| <b>MAILING ADDRESS</b><br>PO Box 975                                                                                                                                        |                    | <b>Transaction ID : 652D49607E8F441D9</b>                   | 02/17/2026                                                                                                  |
| <b>CITY</b><br>Tahlequah                                                                                                                                                    | <b>STATE</b><br>OK |                                                             |                                                                                                             |
| <b>B. FULL NAME</b><br>Seneca Nation Of Indians                                                                                                                             |                    | Name of Employer                                            | Date (month, day, year)                                                                                     |
| <b>MAILING ADDRESS</b><br>PO Box 231                                                                                                                                        |                    | <b>Transaction ID : 6F527E63661AB4917</b>                   | 02/17/2026                                                                                                  |
| <b>CITY</b><br>Salamanca                                                                                                                                                    | <b>STATE</b><br>NY |                                                             |                                                                                                             |
| <b>C. FULL NAME</b><br>NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE                                                                                     |                    | Name of Employer                                            | Date (month, day, year)                                                                                     |
| <b>MAILING ADDRESS</b><br>277 S. WASHINGTON STREET<br>SUITE 500                                                                                                             |                    | <b>Transaction ID : 6E9F9AC8880EF4F34</b>                   | 02/17/2026                                                                                                  |
| <b>CITY</b><br>ALEXANDRIA                                                                                                                                                   | <b>STATE</b><br>VA |                                                             |                                                                                                             |
| <b>D. FULL NAME</b><br>HARDWOOD FEDERATION-PAC INC                                                                                                                          |                    | Name of Employer                                            | Date (month, day, year)                                                                                     |
| <b>MAILING ADDRESS</b><br>601 THIRTEENTH STREET, NW<br>SUITE 1000                                                                                                           |                    | <b>Transaction ID : 6987D965075FB4F75</b>                   | 02/17/2026                                                                                                  |
| <b>CITY</b><br>WASHINGTON                                                                                                                                                   | <b>STATE</b><br>DC |                                                             |                                                                                                             |
| <b>E. FULL NAME</b><br>AECOM PAC                                                                                                                                            |                    | Name of Employer                                            | Date (month, day, year)                                                                                     |
| <b>MAILING ADDRESS</b><br>2000 K ST., NW #800                                                                                                                               |                    | <b>Transaction ID : 6E7EE0667FCD246E1</b>                   | 02/17/2026                                                                                                  |
| <b>CITY</b><br>WASHINGTON                                                                                                                                                   | <b>STATE</b><br>DC |                                                             |                                                                                                             |
| <b>SIGNATURE (optional)</b><br>Kilgore, Paul, , ,                                                                                                                           |                    | <b>DATE</b><br>02/19/2026                                   | For further information,<br>contact the Federal Election Commission<br>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>WESTERMAN FOR CONGRESS                                                                                                                  |  |                                                      |  |
| ADDRESS (number and street) PO BOX 21097                                                                                                                                |  |                                                      |  |
| CITY, STATE, and ZIP CODE<br>HOT SPRINGS AR 71903                                                                                                                       |  |                                                      |  |
| 2. NAME OF CANDIDATE<br>Westerman, Bruce, E, Mr.,                                                                                                                       |  | 3. OFFICE SOUGHT (State and District)<br>House AR 04 |  |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00548180            |  |
| 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                                                                                                                              |  |                                                      |  |
| AMERICAN SOYBEAN ASSOCIATION PAC                                                                                                                                        |  | Name of Employer                                     |  |
| 12647 OLIVE BLVD                                                                                                                                                        |  | Date (month, day, year)                              |  |
| SUITE 410                                                                                                                                                               |  | 02/17/2026                                           |  |
| ST LOUIS MO 63141                                                                                                                                                       |  | Amount<br>1000.00                                    |  |
|                                                                                                                                                                         |  | Transaction ID : 6ABDA9529AE3E4D3BBE                 |  |
|                                                                                                                                                                         |  | Occupation                                           |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |  |
| Build PAC Of The National Association Of Home Builders (Buildpac)                                                                                                       |  | Name of Employer                                     |  |
| 1201 15th St NW                                                                                                                                                         |  | Date (month, day, year)                              |  |
| Washington DC 20005-2899                                                                                                                                                |  | 02/17/2026                                           |  |
|                                                                                                                                                                         |  | Amount<br>5000.00                                    |  |
|                                                                                                                                                                         |  | Transaction ID : 67D0929E8A388445CB4F                |  |
|                                                                                                                                                                         |  | Occupation                                           |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |  |
| Springer, Thomas, J, ,                                                                                                                                                  |  | Name of Employer                                     |  |
| 1706 Hidden Hill Dr                                                                                                                                                     |  | Date (month, day, year)                              |  |
| Verona WI 53593-7972                                                                                                                                                    |  | 02/17/2026                                           |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                    |  |
|                                                                                                                                                                         |  | Transaction ID : 6E07DC8D7B8B849E588A                |  |
|                                                                                                                                                                         |  | Occupation                                           |  |
|                                                                                                                                                                         |  | Attorney                                             |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |  |
| Smith, Addison, , ,                                                                                                                                                     |  | Name of Employer                                     |  |
| 1735 34th St NW                                                                                                                                                         |  | Date (month, day, year)                              |  |
| Washington DC 20007-2308                                                                                                                                                |  | 02/18/2026                                           |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                    |  |
|                                                                                                                                                                         |  | Transaction ID : 61BF5D3AABF3E4BEDDBB                |  |
|                                                                                                                                                                         |  | Occupation                                           |  |
|                                                                                                                                                                         |  | Consultant                                           |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |  |
|                                                                                                                                                                         |  | Name of Employer                                     |  |
|                                                                                                                                                                         |  | Date (month, day, year)                              |  |
|                                                                                                                                                                         |  |                                                      |  |
|                                                                                                                                                                         |  | Amount                                               |  |
|                                                                                                                                                                         |  |                                                      |  |
|                                                                                                                                                                         |  | Occupation                                           |  |