

# 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>Andrea Salinas for Oregon                                                                                                            |  |                    |                                                             |                                       |                                                  |
| <b>ADDRESS</b> (number and street) PO Box 230985                                                                                                                            |  |                    |                                                             |                                       |                                                  |
| <b>CITY</b><br>Tigard                                                                                                                                                       |  | <b>STATE</b><br>OR |                                                             | <b>ZIP CODE</b><br>97281              |                                                  |
| <b>2. NAME OF CANDIDATE</b><br>Salinas, Andrea, , ,                                                                                                                         |  |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House OR 06 |                                       | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00793703 |
| <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>AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)                                                                                                           |  |                    |                                                             | Name of Employer                      |                                                  |
| <b>MAILING ADDRESS</b><br>1333 New Hampshire Ave NW<br>Ste 700                                                                                                              |  |                    |                                                             | Date (month, day, year)<br>10/28/2024 |                                                  |
| <b>CITY</b><br>Washington                                                                                                                                                   |  | <b>STATE</b><br>DC |                                                             | <b>ZIP CODE</b><br>20036-1532         |                                                  |
|                                                                                                                                                                             |  |                    |                                                             | Amount<br>2500.00                     |                                                  |
| <b>Transaction ID : 7468844</b>                                                                                                                                             |  |                    |                                                             |                                       |                                                  |
| <b>Occupation</b>                                                                                                                                                           |  |                    |                                                             |                                       |                                                  |
| <b>B. FULL NAME</b><br>AMERICAN DEFENSE AND MILITARY PAC (ADAM PAC)                                                                                                         |  |                    |                                                             | Name of Employer                      |                                                  |
| <b>MAILING ADDRESS</b><br>PO Box 21961                                                                                                                                      |  |                    |                                                             | Date (month, day, year)<br>10/28/2024 |                                                  |
| <b>CITY</b><br>Seattle                                                                                                                                                      |  | <b>STATE</b><br>WA |                                                             | <b>ZIP CODE</b><br>98111-3961         |                                                  |
|                                                                                                                                                                             |  |                    |                                                             | Amount<br>1000.00                     |                                                  |
| <b>Transaction ID : 7468845</b>                                                                                                                                             |  |                    |                                                             |                                       |                                                  |
| <b>Occupation</b>                                                                                                                                                           |  |                    |                                                             |                                       |                                                  |
| <b>C. FULL NAME</b><br>BILL FOSTER FOR CONGRESS                                                                                                                             |  |                    |                                                             | Name of Employer                      |                                                  |
| <b>MAILING ADDRESS</b><br>PO Box 9104                                                                                                                                       |  |                    |                                                             | Date (month, day, year)<br>10/28/2024 |                                                  |
| <b>CITY</b><br>Aurora                                                                                                                                                       |  | <b>STATE</b><br>IL |                                                             | <b>ZIP CODE</b><br>60598-9104         |                                                  |
|                                                                                                                                                                             |  |                    |                                                             | Amount<br>1000.00                     |                                                  |
| <b>Transaction ID : 7468847</b>                                                                                                                                             |  |                    |                                                             |                                       |                                                  |
| <b>Occupation</b>                                                                                                                                                           |  |                    |                                                             |                                       |                                                  |
| <b>D. FULL NAME</b><br>COMMONWEALTH PAC                                                                                                                                     |  |                    |                                                             | Name of Employer                      |                                                  |
| <b>MAILING ADDRESS</b><br>PO Box 383                                                                                                                                        |  |                    |                                                             | Date (month, day, year)<br>10/28/2024 |                                                  |
| <b>CITY</b><br>Merrifield                                                                                                                                                   |  | <b>STATE</b><br>VA |                                                             | <b>ZIP CODE</b><br>22116-0383         |                                                  |
|                                                                                                                                                                             |  |                    |                                                             | Amount<br>1000.00                     |                                                  |
| <b>Transaction ID : 7468840</b>                                                                                                                                             |  |                    |                                                             |                                       |                                                  |
| <b>Occupation</b>                                                                                                                                                           |  |                    |                                                             |                                       |                                                  |
| <b>E. FULL NAME</b><br>LEADERS IN LIFE ACTING COOPERATIVELY (LILAC) PAC                                                                                                     |  |                    |                                                             | Name of Employer                      |                                                  |
| <b>MAILING ADDRESS</b><br>PO Box 90914                                                                                                                                      |  |                    |                                                             | Date (month, day, year)<br>10/28/2024 |                                                  |
| <b>CITY</b><br>Rochester                                                                                                                                                    |  | <b>STATE</b><br>NY |                                                             | <b>ZIP CODE</b><br>14609-0914         |                                                  |
|                                                                                                                                                                             |  |                    |                                                             | Amount<br>2000.00                     |                                                  |
| <b>Transaction ID : 7468850</b>                                                                                                                                             |  |                    |                                                             |                                       |                                                  |
| <b>Occupation</b>                                                                                                                                                           |  |                    |                                                             |                                       |                                                  |
| <b>SIGNATURE (optional)</b><br>Jackson, Sue, , ,                                                                                                                            |  |                    |                                                             | <b>DATE</b><br>10/29/2024             |                                                  |
| 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)

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

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|                                                                                                                                                                         |  |                                                      |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------|--|
| 1. NAME OF COMMITTEE IN FULL<br>Andrea Salinas for Oregon                                                                                                               |  |                                                      |  |
| ADDRESS (number and street) PO Box 230985                                                                                                                               |  |                                                      |  |
| CITY, STATE, and ZIP CODE<br>Tigard OR 97281                                                                                                                            |  |                                                      |  |
| 2. NAME OF CANDIDATE<br>Salinas, Andrea, , ,                                                                                                                            |  | 3. OFFICE SOUGHT (State and District)<br>House OR 06 |  |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00793703            |  |
| 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, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |  |
| NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE                                                                                                        |  | Name of Employer                                     |  |
| 277 S Washington St                                                                                                                                                     |  | Date (month, day, year)                              |  |
| Ste 500                                                                                                                                                                 |  | 10/28/2024                                           |  |
| Alexandria VA 22314-3672                                                                                                                                                |  | Amount                                               |  |
|                                                                                                                                                                         |  | 2500.00                                              |  |
|                                                                                                                                                                         |  | Transaction ID : 7467810                             |  |
|                                                                                                                                                                         |  | Occupation                                           |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |  |
| NATIONAL FARMERS UNION PAC                                                                                                                                              |  | Name of Employer                                     |  |
| 20 F St NW                                                                                                                                                              |  | Date (month, day, year)                              |  |
| Ste 300                                                                                                                                                                 |  | 10/28/2024                                           |  |
| Washington DC 20001-6700                                                                                                                                                |  | Amount                                               |  |
|                                                                                                                                                                         |  | 1000.00                                              |  |
|                                                                                                                                                                         |  | Transaction ID : 7468851                             |  |
|                                                                                                                                                                         |  | Occupation                                           |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |  |
| Neill, Tiffany, , ,                                                                                                                                                     |  | Name of Employer                                     |  |
| 10113 Hurst St                                                                                                                                                          |  | Date (month, day, year)                              |  |
| Bethesda MD 20814-1839                                                                                                                                                  |  | 10/28/2024                                           |  |
|                                                                                                                                                                         |  | Amount                                               |  |
|                                                                                                                                                                         |  | 1000.00                                              |  |
|                                                                                                                                                                         |  | Transaction ID : 7441217                             |  |
|                                                                                                                                                                         |  | Occupation                                           |  |
|                                                                                                                                                                         |  | Fundraiser                                           |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |  |
| Partin, Lynn, , ,                                                                                                                                                       |  | Name of Employer                                     |  |
| 3365 SE Stark St                                                                                                                                                        |  | Date (month, day, year)                              |  |
| Portland OR 97214-3134                                                                                                                                                  |  | 10/28/2024                                           |  |
|                                                                                                                                                                         |  | Amount                                               |  |
|                                                                                                                                                                         |  | 1000.00                                              |  |
|                                                                                                                                                                         |  | Transaction ID : 7441218                             |  |
|                                                                                                                                                                         |  | Occupation                                           |  |
|                                                                                                                                                                         |  | Not Employed                                         |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |  |
| Radul, Alexey, , ,                                                                                                                                                      |  | Name of Employer                                     |  |
| 74 Brighton St                                                                                                                                                          |  | Date (month, day, year)                              |  |
| Belmont MA 02478-4173                                                                                                                                                   |  | 10/28/2024                                           |  |
|                                                                                                                                                                         |  | Amount                                               |  |
|                                                                                                                                                                         |  | 1000.00                                              |  |
|                                                                                                                                                                         |  | Transaction ID : 7441215                             |  |
|                                                                                                                                                                         |  | Occupation                                           |  |
|                                                                                                                                                                         |  | Not Employed                                         |  |

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| 1. NAME OF COMMITTEE IN FULL<br>Andrea Salinas for Oregon                                                                                                               |  |                                                                                           |                                                                |
| ADDRESS (number and street) PO Box 230985                                                                                                                               |  |                                                                                           |                                                                |
| CITY, STATE, and ZIP CODE<br>Tigard OR 97281                                                                                                                            |  |                                                                                           |                                                                |
| 2. NAME OF CANDIDATE<br>Salinas, Andrea, , ,                                                                                                                            |  | 3. OFFICE SOUGHT (State and District)<br>House OR 06                                      |                                                                |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00793703                                                 |                                                                |
| 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, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                           |                                                                |
| Witty, Joanne, , ,<br><br>10 Broad Brook Rd<br><br>Bedford Hills NY 10507-2208                                                                                          |  | Name of Employer<br>Not Employed<br><br>Transaction ID : 7441210<br>Occupation<br>Retired | Date (month, day, year)<br>10/27/2024<br><br>Amount<br>2000.00 |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                           |                                                                |
|                                                                                                                                                                         |  | Name of Employer<br><br><br>Occupation                                                    | Date (month, day, year)<br><br><br>Amount                      |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                           |                                                                |
|                                                                                                                                                                         |  | Name of Employer<br><br><br>Occupation                                                    | Date (month, day, year)<br><br><br>Amount                      |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                           |                                                                |
|                                                                                                                                                                         |  | Name of Employer<br><br><br>Occupation                                                    | Date (month, day, year)<br><br><br>Amount                      |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                           |                                                                |
|                                                                                                                                                                         |  | Name of Employer<br><br><br>Occupation                                                    | Date (month, day, year)<br><br><br>Amount                      |

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