

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 Darren Soto for Congress			
ADDRESS (number and street) PO Box 421349			
CITY Kissimmee	STATE FL	ZIP CODE 34742	
2. NAME OF CANDIDATE Soto, Darren, , ,		3. OFFICE SOUGHT (State and District) House FL 09	
		4. FEC IDENTIFICATION NUMBER C00581074	
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____			
A. FULL NAME America's Essential Hospitals Political Action Committee (Essential Hospitals PAC)		Name of Employer	
MAILING ADDRESS 401 9th St NW Ste 900 CITY Washington		Date (month, day, year) 08/12/2026	
STATE DC		Amount 2000.00	
ZIP CODE 20004-2145		Transaction ID : 11841088	
		Occupation	
B. FULL NAME Building America's Conscience & Kids Back PAC		Name of Employer	
MAILING ADDRESS 211 Oronoco St CITY Alexandria		Date (month, day, year) 08/12/2026	
STATE VA		Amount 3500.00	
ZIP CODE 22314-2017		Transaction ID : 11841099	
		Occupation	
C. FULL NAME Democracy & Freedom PAC		Name of Employer	
MAILING ADDRESS 122 C St NW Ste 360 CITY Washington		Date (month, day, year) 08/12/2026	
STATE DC		Amount 1000.00	
ZIP CODE 20001-2149		Transaction ID : 11841124	
		Occupation	
D. FULL NAME Friends of Don Beyer		Name of Employer	
MAILING ADDRESS 1751 Potomac Greens Dr CITY Alexandria		Date (month, day, year) 08/12/2026	
STATE VA		Amount 2000.00	
ZIP CODE 22314-6233		Transaction ID : 11841095	
		Occupation	
E. FULL NAME Independent Insurance Agents & Brokers of America, Inc. PAC		Name of Employer	
MAILING ADDRESS 20 F St NW Ste 610 CITY Washington		Date (month, day, year) 08/12/2026	
STATE DC		Amount 3000.00	
ZIP CODE 20001-6707		Transaction ID : 11841106	
		Occupation	
SIGNATURE (optional) Nissen, Melissa, , ,		DATE 08/14/2026	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)

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CITY, STATE, and ZIP CODE Kissimmee FL 34742			
2. NAME OF CANDIDATE Soto, Darren, , ,		3. OFFICE SOUGHT (State and District) House FL 09	
4. FEC IDENTIFICATION NUMBER C00581074		<i>continuation page</i>	
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A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
Kent, William, , , 5755 Powerline Rd Fort Lauderdale FL 33309-2001	Team Horner Group Transaction ID : 11841103 Occupation CEO	08/12/2026	3500.00
Kent, William, , , 5755 Powerline Rd Fort Lauderdale FL 33309-2001	Team Horner Group Transaction ID : 11841104 Occupation CEO	08/12/2026	1500.00
Laborers' International Union of North America (LiUNA) PAC 905 16th St NW Washington DC 20006-1703	Name of Employer Transaction ID : 11841126 Occupation	08/12/2026	5000.00
Sidecar Health Inc. Political Action Committee 2381 Rosecrans Ave El Segundo CA 90245-4917	Name of Employer Transaction ID : 11841087 Occupation	08/12/2026	1000.00
Storm PAC PO Box 1172 Moline IL 61266-1172	Name of Employer Transaction ID : 11841130 Occupation	08/12/2026	2000.00

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5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE Tried-And-True PAC 122 C St NW Ste 360 Washington DC 20001-2149			
Name of Employer		Date (month, day, year)	Amount
Transaction ID : 11841091		08/12/2026	2500.00
Occupation			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	Amount
Occupation			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	Amount
Occupation			
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	Amount
Occupation			
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	Amount
Occupation			

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