

# 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>Vargas for Congress                                                                                                                     |                    |                          |                                                             |                                          |                           |                                                  |                                                                                                             |                   |  |
| <b>ADDRESS</b> (number and street) 374 No. Coast Hwy 101 Unit 2                                                                                                                |                    |                          |                                                             |                                          |                           |                                                  |                                                                                                             |                   |  |
| <b>CITY</b><br>Encinitas                                                                                                                                                       | <b>STATE</b><br>CA | <b>ZIP CODE</b><br>92024 |                                                             |                                          |                           |                                                  |                                                                                                             |                   |  |
| <b>2. NAME OF CANDIDATE</b><br>Vargas, Juan, , ,                                                                                                                               |                    |                          | <b>3. OFFICE SOUGHT</b> (State and District)<br>House CA 52 |                                          |                           | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00497321 |                                                                                                             |                   |  |
| <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>Waldman, Talya, , ,                                                                                                                                     |                    |                          |                                                             | Name of Employer<br>Waldman Orthodontics |                           | Date (month, day, year)<br>05/23/2026            |                                                                                                             | Amount<br>1650.00 |  |
| <b>MAILING ADDRESS</b><br>2145 Beverwil Drive                                                                                                                                  |                    |                          |                                                             | <b>Transaction ID : INC.F65.108357</b>   |                           |                                                  |                                                                                                             |                   |  |
| <b>CITY</b><br>Los Angeles                                                                                                                                                     | <b>STATE</b><br>CA | <b>ZIP CODE</b><br>90034 | Occupation<br>Nurse Practitioner                            |                                          |                           |                                                  |                                                                                                             |                   |  |
| <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                                                  |                                          |                           |                                                  |                                                                                                             |                   |  |
| <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                                                  |                                          |                           |                                                  |                                                                                                             |                   |  |
| <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                                                  |                                          |                           |                                                  |                                                                                                             |                   |  |
| <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>Haley, Nancy, , ,                                                                                                                               |                    |                          |                                                             |                                          | <b>DATE</b><br>05/24/2026 |                                                  | For further information,<br>contact the Federal Election Commission<br>at 800-424-9530 or visit www.fec.gov |                   |  |

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**FEC FORM 6**  
(Revised 03/2016)