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	STATE	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

5. IS THIS AN AMENDMENT? [X] NO, THIS IS A NEW FILING [ ] YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____

A. FULL NAME / MAILING ADDRESS / CITY / STATE / ZIP CODE	Name of Employer / Occupation	Date (month, day, year)	Amount
American Academy of Ophthalmology Inc. Political Committee (OPHTHPAC) 655 Beach St Fl 1 San Francisco, CA, 94109-1346	**Transaction ID : 11772205**	08/03/2026	1000.00
B. FULL NAME / **MAILING ADDRESS** / **CITY** / **STATE** / **ZIP CODE**	Name of Employer / Occupation	Date (month, day, year)	Amount
Environmental Defense Action Fund PAC 1875 Connecticut Ave NW Ste 600 Washington, DC, 20009-5739	**Transaction ID : 11772204**	08/03/2026	1000.00
C. FULL NAME / **MAILING ADDRESS** / **CITY** / **STATE** / **ZIP CODE**	Name of Employer / Occupation	Date (month, day, year)	Amount
JetBlue Airways Corporation Crewmember Good Government Fund 2701 Queens Plz N Long Island City, NY, 11101-4020	**Transaction ID : 11772203**	08/03/2026	1000.00
D. FULL NAME / **MAILING ADDRESS** / **CITY** / **STATE** / **ZIP CODE**	Name of Employer / Occupation	Date (month, day, year)	Amount
Liccardo for Congress 1750 Meridian Ave # 3925 San Jose, CA, 95125-5545	**Transaction ID : 11772269**	08/03/2026	2000.00
E. FULL NAME / **MAILING ADDRESS** / **CITY** / **STATE** / **ZIP CODE**	Name of Employer / Occupation	Date (month, day, year)	Amount
Liccardo for Congress 1750 Meridian Ave # 3925 San Jose, CA, 95125-5545	**Transaction ID : 11772271**	08/03/2026	2000.00

SIGNATURE (optional)
Nissen, Melissa, , ,

DATE
08/05/2026

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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

(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, STATE, and **ZIP CODE**

Kissimmee FL 34742

continuation page

2. NAME OF CANDIDATE	3. OFFICE SOUGHT (State and District)	4. FEC IDENTIFICATION NUMBER
Soto, Darren, , ,	House FL 09	C00581074

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 National Emergency Medicine Political Action Committee (NEMPAC)/American College of Emergency Physicians PO Box 619911 Dallas TX 75261-9911	Name of Employer **Transaction ID : 11772197** Occupation	Date (month, day, year) 08/03/2026	Amount 2500.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount