

# 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>Darren Soto for Congress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                               |                                                             |                           |                                                  |                                                                                                                                                                |  |                                  |  |                                           |                       |                                            |  |  |                               |  |                          |                    |                               |                            |  |
| ADDRESS (number and street) PO Box 421349                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                               |                                                             |                           |                                                  |                                                                                                                                                                |  |                                  |  |                                           |                       |                                            |  |  |                               |  |                          |                    |                               |                            |  |
| <b>CITY</b><br>Kissimmee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    | <b>STATE</b><br>FL            |                                                             | <b>ZIP CODE</b><br>34742  |                                                  |                                                                                                                                                                |  |                                  |  |                                           |                       |                                            |  |  |                               |  |                          |                    |                               |                            |  |
| <b>2. NAME OF CANDIDATE</b><br>Soto, Darren, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                               | <b>3. OFFICE SOUGHT</b> (State and District)<br>House FL 09 |                           |                                                  |                                                                                                                                                                |  |                                  |  |                                           |                       |                                            |  |  |                               |  |                          |                    |                               |                            |  |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00581074                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                               |                                                             |                           |                                                  |                                                                                                                                                                |  |                                  |  |                                           |                       |                                            |  |  |                               |  |                          |                    |                               |                            |  |
| <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 ____ / ____ / ____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                               |                                                             |                           |                                                  |                                                                                                                                                                |  |                                  |  |                                           |                       |                                            |  |  |                               |  |                          |                    |                               |                            |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> <b>A. FULL NAME</b><br/>           Selkis, Ryan, , ,         </td> <td colspan="2">           Name of Employer<br/>           Not Employed         </td> <td rowspan="3">           Date (month, day, year)<br/><br/>           10/26/2022         </td> <td rowspan="3">           Amount<br/><br/>           2900.00         </td> </tr> <tr> <td colspan="3">           MAILING ADDRESS<br/>           2248 Broadway<br/>           # 1472         </td> <td colspan="2">           Transaction ID : VR08N1399E83         </td> </tr> <tr> <td> <b>CITY</b><br/>           New York         </td> <td> <b>STATE</b><br/>           NY         </td> <td> <b>ZIP CODE</b><br/>           10024-5805         </td> <td colspan="2">           Occupation<br/>           Not Employed         </td> </tr> </table> |                    |                               |                                                             |                           | <b>A. FULL NAME</b><br>Selkis, Ryan, , ,         |                                                                                                                                                                |  | Name of Employer<br>Not Employed |  | Date (month, day, year)<br><br>10/26/2022 | Amount<br><br>2900.00 | MAILING ADDRESS<br>2248 Broadway<br># 1472 |  |  | Transaction ID : VR08N1399E83 |  | <b>CITY</b><br>New York  | <b>STATE</b><br>NY | <b>ZIP CODE</b><br>10024-5805 | Occupation<br>Not Employed |  |
| <b>A. FULL NAME</b><br>Selkis, Ryan, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                               | Name of Employer<br>Not Employed                            |                           | Date (month, day, year)<br><br>10/26/2022        | Amount<br><br>2900.00                                                                                                                                          |  |                                  |  |                                           |                       |                                            |  |  |                               |  |                          |                    |                               |                            |  |
| MAILING ADDRESS<br>2248 Broadway<br># 1472                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                               | Transaction ID : VR08N1399E83                               |                           |                                                  |                                                                                                                                                                |  |                                  |  |                                           |                       |                                            |  |  |                               |  |                          |                    |                               |                            |  |
| <b>CITY</b><br>New York                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>STATE</b><br>NY | <b>ZIP CODE</b><br>10024-5805 | Occupation<br>Not Employed                                  |                           |                                                  |                                                                                                                                                                |  |                                  |  |                                           |                       |                                            |  |  |                               |  |                          |                    |                               |                            |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> <b>B. FULL NAME</b><br/>           Seminole Tribe of Florida         </td> <td colspan="2">           Name of Employer         </td> <td rowspan="3">           Date (month, day, year)<br/><br/>           10/26/2022         </td> <td rowspan="3">           Amount<br/><br/>           2900.00         </td> </tr> <tr> <td colspan="3">           MAILING ADDRESS<br/>           6300 Stirling Rd         </td> <td colspan="2">           Transaction ID : VR08N1399E75         </td> </tr> <tr> <td> <b>CITY</b><br/>           Hollywood         </td> <td> <b>STATE</b><br/>           FL         </td> <td> <b>ZIP CODE</b><br/>           33024-2198         </td> <td colspan="2">           Occupation         </td> </tr> </table>                                                                   |                    |                               |                                                             |                           | <b>B. FULL NAME</b><br>Seminole Tribe of Florida |                                                                                                                                                                |  | Name of Employer                 |  | Date (month, day, year)<br><br>10/26/2022 | Amount<br><br>2900.00 | MAILING ADDRESS<br>6300 Stirling Rd        |  |  | Transaction ID : VR08N1399E75 |  | <b>CITY</b><br>Hollywood | <b>STATE</b><br>FL | <b>ZIP CODE</b><br>33024-2198 | Occupation                 |  |
| <b>B. FULL NAME</b><br>Seminole Tribe of Florida                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                               | Name of Employer                                            |                           | Date (month, day, year)<br><br>10/26/2022        | Amount<br><br>2900.00                                                                                                                                          |  |                                  |  |                                           |                       |                                            |  |  |                               |  |                          |                    |                               |                            |  |
| MAILING ADDRESS<br>6300 Stirling Rd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                               | Transaction ID : VR08N1399E75                               |                           |                                                  |                                                                                                                                                                |  |                                  |  |                                           |                       |                                            |  |  |                               |  |                          |                    |                               |                            |  |
| <b>CITY</b><br>Hollywood                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>STATE</b><br>FL | <b>ZIP CODE</b><br>33024-2198 | Occupation                                                  |                           |                                                  |                                                                                                                                                                |  |                                  |  |                                           |                       |                                            |  |  |                               |  |                          |                    |                               |                            |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> <b>C. FULL NAME</b> </td> <td colspan="2">           Name of Employer         </td> <td rowspan="3">           Date (month, day, year)         </td> <td rowspan="3">           Amount         </td> </tr> <tr> <td colspan="3">           MAILING ADDRESS         </td> <td colspan="2"> </td> </tr> <tr> <td> <b>CITY</b> </td> <td> <b>STATE</b> </td> <td> <b>ZIP CODE</b> </td> <td colspan="2">           Occupation         </td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                            |                    |                               |                                                             |                           | <b>C. FULL NAME</b>                              |                                                                                                                                                                |  | Name of Employer                 |  | Date (month, day, year)                   | Amount                | MAILING ADDRESS                            |  |  |                               |  | <b>CITY</b>              | <b>STATE</b>       | <b>ZIP CODE</b>               | Occupation                 |  |
| <b>C. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                               | Name of Employer                                            |                           | Date (month, day, year)                          | Amount                                                                                                                                                         |  |                                  |  |                                           |                       |                                            |  |  |                               |  |                          |                    |                               |                            |  |
| MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                               |                                                             |                           |                                                  |                                                                                                                                                                |  |                                  |  |                                           |                       |                                            |  |  |                               |  |                          |                    |                               |                            |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>STATE</b>       | <b>ZIP CODE</b>               | Occupation                                                  |                           |                                                  |                                                                                                                                                                |  |                                  |  |                                           |                       |                                            |  |  |                               |  |                          |                    |                               |                            |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> <b>D. FULL NAME</b> </td> <td colspan="2">           Name of Employer         </td> <td rowspan="3">           Date (month, day, year)         </td> <td rowspan="3">           Amount         </td> </tr> <tr> <td colspan="3">           MAILING ADDRESS         </td> <td colspan="2"> </td> </tr> <tr> <td> <b>CITY</b> </td> <td> <b>STATE</b> </td> <td> <b>ZIP CODE</b> </td> <td colspan="2">           Occupation         </td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                            |                    |                               |                                                             |                           | <b>D. FULL NAME</b>                              |                                                                                                                                                                |  | Name of Employer                 |  | Date (month, day, year)                   | Amount                | MAILING ADDRESS                            |  |  |                               |  | <b>CITY</b>              | <b>STATE</b>       | <b>ZIP CODE</b>               | Occupation                 |  |
| <b>D. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                               | Name of Employer                                            |                           | Date (month, day, year)                          | Amount                                                                                                                                                         |  |                                  |  |                                           |                       |                                            |  |  |                               |  |                          |                    |                               |                            |  |
| MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                               |                                                             |                           |                                                  |                                                                                                                                                                |  |                                  |  |                                           |                       |                                            |  |  |                               |  |                          |                    |                               |                            |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>STATE</b>       | <b>ZIP CODE</b>               | Occupation                                                  |                           |                                                  |                                                                                                                                                                |  |                                  |  |                                           |                       |                                            |  |  |                               |  |                          |                    |                               |                            |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> <b>E. FULL NAME</b> </td> <td colspan="2">           Name of Employer         </td> <td rowspan="3">           Date (month, day, year)         </td> <td rowspan="3">           Amount         </td> </tr> <tr> <td colspan="3">           MAILING ADDRESS         </td> <td colspan="2"> </td> </tr> <tr> <td> <b>CITY</b> </td> <td> <b>STATE</b> </td> <td> <b>ZIP CODE</b> </td> <td colspan="2">           Occupation         </td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                            |                    |                               |                                                             |                           | <b>E. FULL NAME</b>                              |                                                                                                                                                                |  | Name of Employer                 |  | Date (month, day, year)                   | Amount                | MAILING ADDRESS                            |  |  |                               |  | <b>CITY</b>              | <b>STATE</b>       | <b>ZIP CODE</b>               | Occupation                 |  |
| <b>E. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                               | Name of Employer                                            |                           | Date (month, day, year)                          | Amount                                                                                                                                                         |  |                                  |  |                                           |                       |                                            |  |  |                               |  |                          |                    |                               |                            |  |
| MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                               |                                                             |                           |                                                  |                                                                                                                                                                |  |                                  |  |                                           |                       |                                            |  |  |                               |  |                          |                    |                               |                            |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>STATE</b>       | <b>ZIP CODE</b>               | Occupation                                                  |                           |                                                  |                                                                                                                                                                |  |                                  |  |                                           |                       |                                            |  |  |                               |  |                          |                    |                               |                            |  |
| <b>SIGNATURE (optional)</b><br>Brengarth, Megan, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                               |                                                             | <b>DATE</b><br>10/28/2022 |                                                  | <b>For further information contact:</b><br>Federal Election Commission<br>999 E Street, NW, Washington, DC 20463<br>Toll Free 800-424-9530, Local 202-694-1100 |  |                                  |  |                                           |                       |                                            |  |  |                               |  |                          |                    |                               |                            |  |
| <b>[Electronically Filed]</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                               |                                                             |                           |                                                  |                                                                                                                                                                |  |                                  |  |                                           |                       |                                            |  |  |                               |  |                          |                    |                               |                            |  |

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

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)