

# 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>BACKPAC                                                                                                                                              |                    |                               | Name of Employer                                            |                           | Date (month, day, year)                                                                                     |
| <b>MAILING ADDRESS</b><br>1751 Potomac Greens Dr                                                                                                                            |                    |                               | <b>Transaction ID : 6638295</b>                             |                           | Amount<br>2500.00                                                                                           |
| <b>CITY</b><br>Alexandria                                                                                                                                                   | <b>STATE</b><br>VA | <b>ZIP CODE</b><br>22314-6233 | Occupation                                                  |                           |                                                                                                             |
| <b>B. FULL NAME</b><br>CAROLINA VICTORY FUND                                                                                                                                |                    |                               | Name of Employer                                            |                           | Date (month, day, year)                                                                                     |
| <b>MAILING ADDRESS</b><br>122 C St NW<br>Ste 360                                                                                                                            |                    |                               | <b>Transaction ID : 6640855</b>                             |                           | Amount<br>1000.00                                                                                           |
| <b>CITY</b><br>Washington                                                                                                                                                   | <b>STATE</b><br>DC | <b>ZIP CODE</b><br>20001-2149 | Occupation                                                  |                           |                                                                                                             |
| <b>C. FULL NAME</b><br>COMMUNICATIONS WORKERS OF AMERICA - COPE POLITICAL CONTRIBUTIONS COMMITTEE                                                                           |                    |                               | Name of Employer                                            |                           | Date (month, day, year)                                                                                     |
| <b>MAILING ADDRESS</b><br>501 3Rd St NW                                                                                                                                     |                    |                               | <b>Transaction ID : 6638294</b>                             |                           | Amount<br>1000.00                                                                                           |
| <b>CITY</b><br>Washington                                                                                                                                                   | <b>STATE</b><br>DC | <b>ZIP CODE</b><br>20001-2760 | Occupation                                                  |                           |                                                                                                             |
| <b>D. FULL NAME</b><br>CONSUMER BRANDS POLITICAL ACTION COMMITTEE ("CONSUMER BRANDS ASSOCIATION PAC")                                                                       |                    |                               | Name of Employer                                            |                           | Date (month, day, year)                                                                                     |
| <b>MAILING ADDRESS</b><br>1001 19Th St N<br>Fl 7                                                                                                                            |                    |                               | <b>Transaction ID : 6638296</b>                             |                           | Amount<br>1000.00                                                                                           |
| <b>CITY</b><br>Arlington                                                                                                                                                    | <b>STATE</b><br>VA | <b>ZIP CODE</b><br>22209-1722 | Occupation                                                  |                           |                                                                                                             |
| <b>E. FULL NAME</b><br>Donohoe, Robin, , ,                                                                                                                                  |                    |                               | Name of Employer<br>Self Employed                           |                           | Date (month, day, year)                                                                                     |
| <b>MAILING ADDRESS</b><br>PO Box 400                                                                                                                                        |                    |                               | <b>Transaction ID : 6640751</b>                             |                           | Amount<br>3300.00                                                                                           |
| <b>CITY</b><br>Carrollton                                                                                                                                                   | <b>STATE</b><br>GA | <b>ZIP CODE</b><br>30112-0007 | Occupation<br>Financial Advisor                             |                           |                                                                                                             |
| <b>SIGNATURE (optional)</b><br>Jackson, Sue, , ,                                                                                                                            |                    |                               |                                                             | <b>DATE</b><br>05/16/2024 | For further information,<br>contact the Federal Election Commission<br>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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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------|--|
| 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 _____ / _____ / _____ |  |                                                                                            |  |
| continuation page                                                                                                                                                       |  |                                                                                            |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Hellman, Martin, , ,<br>730 Alvarado Ct<br>Stanford CA 94305-1074                                                         |  | Name of Employer<br>Not Employed<br>Transaction ID : 6640854<br>Occupation<br>Retired      |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>05/15/2024                                                      |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                          |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Kamen, Al, , ,<br>425 E 58Th St<br>Apt 29C<br>New York NY 10022-2379                                                      |  | Name of Employer<br>Not Employed<br>Transaction ID : 6640748<br>Occupation<br>Not Employed |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>05/15/2024                                                      |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                          |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>UNITED POSTMASTERS AND MANAGERS OF AMERICA POLITICAL FUND<br>8 Herbert St<br>Alexandria VA 22305-2628                     |  | Name of Employer<br>Transaction ID : 6638297<br>Occupation                                 |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>05/14/2024                                                      |  |
|                                                                                                                                                                         |  | Amount<br>5000.00                                                                          |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>WINE INSTITUTE PAC<br>1032 15Th St NW<br>Ste 247<br>Washington DC 20005-1502                                              |  | Name of Employer<br>Transaction ID : 6638298<br>Occupation                                 |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>05/14/2024                                                      |  |
|                                                                                                                                                                         |  | Amount<br>1500.00                                                                          |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  | Name of Employer                                                                           |  |
|                                                                                                                                                                         |  | Occupation                                                                                 |  |
|                                                                                                                                                                         |  | Date (month, day, year)                                                                    |  |
|                                                                                                                                                                         |  | Amount                                                                                     |  |