

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 FRIENDS OF MICHAEL BOUCHARD INC																						
ADDRESS (number and street) 1950 S ROCHESTER RD NUM 1173																						
CITY ROCHESTER HILLS		STATE MI	ZIP CODE 48307																			
2. NAME OF CANDIDATE BOUCHARD, MICHAEL, , ,		3. OFFICE SOUGHT (State and District) House MI 10		4. FEC IDENTIFICATION NUMBER C00925743																		
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> A. FULL NAME KOCH, INC. POLITICAL ACTION COMMITTEE (KOCHPAC) </td> <td> Name of Employer </td> <td> Date (month, day, year) 07/24/2026 </td> <td> Amount 5000.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 4111 EAST 37TH STREET NORTH SUITE 800 </td> <td> Transaction ID : F65-10398 </td> <td colspan="2"></td> </tr> <tr> <td> CITY WICHITA </td> <td> STATE KS </td> <td> ZIP CODE 67220 </td> <td> Occupation </td> <td colspan="2"></td> </tr> </table>					A. FULL NAME KOCH, INC. POLITICAL ACTION COMMITTEE (KOCHPAC)			Name of Employer	Date (month, day, year) 07/24/2026	Amount 5000.00	MAILING ADDRESS 4111 EAST 37TH STREET NORTH SUITE 800			Transaction ID : F65-10398			CITY WICHITA	STATE KS	ZIP CODE 67220	Occupation		
A. FULL NAME KOCH, INC. POLITICAL ACTION COMMITTEE (KOCHPAC)			Name of Employer	Date (month, day, year) 07/24/2026	Amount 5000.00																	
MAILING ADDRESS 4111 EAST 37TH STREET NORTH SUITE 800			Transaction ID : F65-10398																			
CITY WICHITA	STATE KS	ZIP CODE 67220	Occupation																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> B. FULL NAME </td> <td> Name of Employer </td> <td> Date (month, day, year) </td> <td> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td colspan="3"></td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td> Occupation </td> <td colspan="2"></td> </tr> </table>					B. FULL NAME			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS						CITY	STATE	ZIP CODE	Occupation		
B. FULL NAME			Name of Employer	Date (month, day, year)	Amount																	
MAILING ADDRESS																						
CITY	STATE	ZIP CODE	Occupation																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> C. FULL NAME </td> <td> Name of Employer </td> <td> Date (month, day, year) </td> <td> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td colspan="3"></td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td> Occupation </td> <td colspan="2"></td> </tr> </table>					C. FULL NAME			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS						CITY	STATE	ZIP CODE	Occupation		
C. FULL NAME			Name of Employer	Date (month, day, year)	Amount																	
MAILING ADDRESS																						
CITY	STATE	ZIP CODE	Occupation																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> D. FULL NAME </td> <td> Name of Employer </td> <td> Date (month, day, year) </td> <td> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td colspan="3"></td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td> Occupation </td> <td colspan="2"></td> </tr> </table>					D. FULL NAME			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS						CITY	STATE	ZIP CODE	Occupation		
D. FULL NAME			Name of Employer	Date (month, day, year)	Amount																	
MAILING ADDRESS																						
CITY	STATE	ZIP CODE	Occupation																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> E. FULL NAME </td> <td> Name of Employer </td> <td> Date (month, day, year) </td> <td> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td colspan="3"></td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td> Occupation </td> <td colspan="2"></td> </tr> </table>					E. FULL NAME			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS						CITY	STATE	ZIP CODE	Occupation		
E. FULL NAME			Name of Employer	Date (month, day, year)	Amount																	
MAILING ADDRESS																						
CITY	STATE	ZIP CODE	Occupation																			
SIGNATURE (optional) BOLES, JASON, D, ,				DATE 07/25/2026	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)