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
Jake Johnson for Congress

ADDRESS (number and street) PO BOX 6295

CITY	STATE	ZIP CODE
ROCHESTER	MN	55903

2. NAME OF CANDIDATE
Johnson, Jacob, , ,

3. OFFICE SOUGHT (State and District)
House MN 01

4. FEC IDENTIFICATION NUMBER
C00902684

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

	Name of Employer	Date (month, day, year)	Amount
A. FULL NAME Wilkinson, Debra, , , **MAILING ADDRESS** 689 W 8Th St **CITY** / **STATE** / **ZIP CODE** Zumbrota / MN / 55992-1111	Not Employed **Transaction ID : 10653592** Occupation Not Employed	07/24/2026	3500.00
B. FULL NAME Wilkinson, Debra, , , **MAILING ADDRESS** 689 W 8Th St **CITY** / **STATE** / **ZIP CODE** Zumbrota / MN / 55992-1111	Not Employed **Transaction ID : 10653597** Occupation Not Employed	07/24/2026	1500.00
C. FULL NAME Wilkinson, John, , , **MAILING ADDRESS** 689 W 8Th St **CITY** / **STATE** / **ZIP CODE** Zumbrota / MN / 55992-1111	Mayo **Transaction ID : 10653593** Occupation Physician	07/24/2026	3500.00
D. FULL NAME Wilkinson, John, , , **MAILING ADDRESS** 689 W 8Th St **CITY** / **STATE** / **ZIP CODE** Zumbrota / MN / 55992-1111	Mayo **Transaction ID : 10653596** Occupation Physician	07/24/2026	1500.00
E. FULL NAME **MAILING ADDRESS** **CITY** / **STATE** / **ZIP CODE**	Name of Employer Occupation	Date (month, day, year)	Amount

SIGNATURE (optional)
Wagner, Vince, , ,

DATE
07/25/2026

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

FEC FORM 6
(Revised 03/2016)