

# 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>JAKE ELLZEY FOR CONGRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                               |                                                             |                                       |                                                                                                             |  |  |                  |                                       |                   |                                        |  |  |                                          |  |  |                          |                    |                               |            |  |  |
| <b>ADDRESS</b> (number and street) 791 HWY 77 N<br>STE-C #258                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                               |                                                             |                                       |                                                                                                             |  |  |                  |                                       |                   |                                        |  |  |                                          |  |  |                          |                    |                               |            |  |  |
| <b>CITY</b><br>WAXAHACHIE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    | <b>STATE</b><br>TX            |                                                             | <b>ZIP CODE</b><br>75164              |                                                                                                             |  |  |                  |                                       |                   |                                        |  |  |                                          |  |  |                          |                    |                               |            |  |  |
| <b>2. NAME OF CANDIDATE</b><br>Ellzey, John Kevin Sr., , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                               | <b>3. OFFICE SOUGHT</b> (State and District)<br>House TX 06 |                                       |                                                                                                             |  |  |                  |                                       |                   |                                        |  |  |                                          |  |  |                          |                    |                               |            |  |  |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00770438                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                               |                                                             |                                       |                                                                                                             |  |  |                  |                                       |                   |                                        |  |  |                                          |  |  |                          |                    |                               |            |  |  |
| <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/>           SEMPRA ENERGY EMPLOYEES POLITICAL ACTION COMMITTEE- FEDERAL         </td> <td>           Name of Employer         </td> <td>           Date (month, day, year)<br/>           02/23/2026         </td> <td>           Amount<br/>           2500.00         </td> </tr> <tr> <td colspan="3"> <b>MAILING ADDRESS</b><br/>           488 8TH AVE.         </td> <td colspan="2"> <b>Transaction ID : 603750141CBEB49A</b> </td> <td></td> </tr> <tr> <td> <b>CITY</b><br/>           SAN DIEGO         </td> <td> <b>STATE</b><br/>           CA         </td> <td> <b>ZIP CODE</b><br/>           92101-7123         </td> <td colspan="3">           Occupation         </td> </tr> </table> |                    |                               |                                                             |                                       | <b>A. FULL NAME</b><br>SEMPRA ENERGY EMPLOYEES POLITICAL ACTION COMMITTEE- FEDERAL                          |  |  | Name of Employer | Date (month, day, year)<br>02/23/2026 | Amount<br>2500.00 | <b>MAILING ADDRESS</b><br>488 8TH AVE. |  |  | <b>Transaction ID : 603750141CBEB49A</b> |  |  | <b>CITY</b><br>SAN DIEGO | <b>STATE</b><br>CA | <b>ZIP CODE</b><br>92101-7123 | Occupation |  |  |
| <b>A. FULL NAME</b><br>SEMPRA ENERGY EMPLOYEES POLITICAL ACTION COMMITTEE- FEDERAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                               | Name of Employer                                            | Date (month, day, year)<br>02/23/2026 | Amount<br>2500.00                                                                                           |  |  |                  |                                       |                   |                                        |  |  |                                          |  |  |                          |                    |                               |            |  |  |
| <b>MAILING ADDRESS</b><br>488 8TH AVE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                               | <b>Transaction ID : 603750141CBEB49A</b>                    |                                       |                                                                                                             |  |  |                  |                                       |                   |                                        |  |  |                                          |  |  |                          |                    |                               |            |  |  |
| <b>CITY</b><br>SAN DIEGO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>STATE</b><br>CA | <b>ZIP CODE</b><br>92101-7123 | Occupation                                                  |                                       |                                                                                                             |  |  |                  |                                       |                   |                                        |  |  |                                          |  |  |                          |                    |                               |            |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> <b>B. FULL NAME</b> </td> <td>           Name of Employer         </td> <td>           Date (month, day, year)         </td> <td>           Amount         </td> </tr> <tr> <td colspan="3"> <b>MAILING ADDRESS</b> </td> <td colspan="3"></td> </tr> <tr> <td> <b>CITY</b> </td> <td> <b>STATE</b> </td> <td> <b>ZIP CODE</b> </td> <td colspan="3">           Occupation         </td> </tr> </table>                                                                                                                                                                                                                                                                                                                          |                    |                               |                                                             |                                       | <b>B. FULL NAME</b>                                                                                         |  |  | Name of Employer | Date (month, day, year)               | Amount            | <b>MAILING ADDRESS</b>                 |  |  |                                          |  |  | <b>CITY</b>              | <b>STATE</b>       | <b>ZIP CODE</b>               | Occupation |  |  |
| <b>B. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                               | Name of Employer                                            | Date (month, day, year)               | Amount                                                                                                      |  |  |                  |                                       |                   |                                        |  |  |                                          |  |  |                          |                    |                               |            |  |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                               |                                                             |                                       |                                                                                                             |  |  |                  |                                       |                   |                                        |  |  |                                          |  |  |                          |                    |                               |            |  |  |
| <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>C. FULL NAME</b> </td> <td>           Name of Employer         </td> <td>           Date (month, day, year)         </td> <td>           Amount         </td> </tr> <tr> <td colspan="3"> <b>MAILING ADDRESS</b> </td> <td colspan="3"></td> </tr> <tr> <td> <b>CITY</b> </td> <td> <b>STATE</b> </td> <td> <b>ZIP CODE</b> </td> <td colspan="3">           Occupation         </td> </tr> </table>                                                                                                                                                                                                                                                                                                                          |                    |                               |                                                             |                                       | <b>C. FULL NAME</b>                                                                                         |  |  | Name of Employer | Date (month, day, year)               | Amount            | <b>MAILING ADDRESS</b>                 |  |  |                                          |  |  | <b>CITY</b>              | <b>STATE</b>       | <b>ZIP CODE</b>               | Occupation |  |  |
| <b>C. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                               | Name of Employer                                            | Date (month, day, year)               | Amount                                                                                                      |  |  |                  |                                       |                   |                                        |  |  |                                          |  |  |                          |                    |                               |            |  |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                               |                                                             |                                       |                                                                                                             |  |  |                  |                                       |                   |                                        |  |  |                                          |  |  |                          |                    |                               |            |  |  |
| <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>           Name of Employer         </td> <td>           Date (month, day, year)         </td> <td>           Amount         </td> </tr> <tr> <td colspan="3"> <b>MAILING ADDRESS</b> </td> <td colspan="3"></td> </tr> <tr> <td> <b>CITY</b> </td> <td> <b>STATE</b> </td> <td> <b>ZIP CODE</b> </td> <td colspan="3">           Occupation         </td> </tr> </table>                                                                                                                                                                                                                                                                                                                          |                    |                               |                                                             |                                       | <b>D. FULL NAME</b>                                                                                         |  |  | Name of Employer | Date (month, day, year)               | Amount            | <b>MAILING ADDRESS</b>                 |  |  |                                          |  |  | <b>CITY</b>              | <b>STATE</b>       | <b>ZIP CODE</b>               | Occupation |  |  |
| <b>D. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                               | Name of Employer                                            | Date (month, day, year)               | Amount                                                                                                      |  |  |                  |                                       |                   |                                        |  |  |                                          |  |  |                          |                    |                               |            |  |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                               |                                                             |                                       |                                                                                                             |  |  |                  |                                       |                   |                                        |  |  |                                          |  |  |                          |                    |                               |            |  |  |
| <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>           Name of Employer         </td> <td>           Date (month, day, year)         </td> <td>           Amount         </td> </tr> <tr> <td colspan="3"> <b>MAILING ADDRESS</b> </td> <td colspan="3"></td> </tr> <tr> <td> <b>CITY</b> </td> <td> <b>STATE</b> </td> <td> <b>ZIP CODE</b> </td> <td colspan="3">           Occupation         </td> </tr> </table>                                                                                                                                                                                                                                                                                                                          |                    |                               |                                                             |                                       | <b>E. FULL NAME</b>                                                                                         |  |  | Name of Employer | Date (month, day, year)               | Amount            | <b>MAILING ADDRESS</b>                 |  |  |                                          |  |  | <b>CITY</b>              | <b>STATE</b>       | <b>ZIP CODE</b>               | Occupation |  |  |
| <b>E. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                               | Name of Employer                                            | Date (month, day, year)               | Amount                                                                                                      |  |  |                  |                                       |                   |                                        |  |  |                                          |  |  |                          |                    |                               |            |  |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                               |                                                             |                                       |                                                                                                             |  |  |                  |                                       |                   |                                        |  |  |                                          |  |  |                          |                    |                               |            |  |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>STATE</b>       | <b>ZIP CODE</b>               | Occupation                                                  |                                       |                                                                                                             |  |  |                  |                                       |                   |                                        |  |  |                                          |  |  |                          |                    |                               |            |  |  |
| <b>SIGNATURE (optional)</b><br>Martin, Steven, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                               |                                                             | <b>DATE</b><br>02/24/2026             | For further information,<br>contact the Federal Election Commission<br>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)