

# 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<br>Mike Thompson For Congress                                                                                                              |  |             |                                                      |                    |
| ADDRESS (number and street) 5445 Madison Avenue                                                                                                                         |  |             |                                                      |                    |
| CITY<br>Sacramento                                                                                                                                                      |  | STATE<br>CA |                                                      | ZIP CODE<br>95841  |
| 2. NAME OF CANDIDATE<br>Thompson, Mike, , ,                                                                                                                             |  |             | 3. OFFICE SOUGHT (State and District)<br>House CA 04 |                    |
| 4. FEC IDENTIFICATION NUMBER<br>C00326363                                                                                                                               |  |             |                                                      |                    |
| 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 _____ / _____ / _____ |  |             |                                                      |                    |
| A. FULL NAME<br>Baggett, Robin, , ,                                                                                                                                     |  |             | Name of Employer<br>Alpha Omega                      |                    |
| MAILING ADDRESS<br>1101 Mee Lane                                                                                                                                        |  |             | Date (month, day, year)<br>05/21/2026                |                    |
| CITY<br>St Helena                                                                                                                                                       |  |             | Amount<br>164.00                                     |                    |
| STATE<br>CA                                                                                                                                                             |  |             | Transaction ID : IDT.F65.10876                       |                    |
| ZIP CODE<br>94574                                                                                                                                                       |  |             | Occupation<br>Vintner                                |                    |
| B. FULL NAME<br>Baggett, Robin, , ,                                                                                                                                     |  |             | Name of Employer<br>Alpha Omega                      |                    |
| MAILING ADDRESS<br>1101 Mee Lane                                                                                                                                        |  |             | Date (month, day, year)<br>05/21/2026                |                    |
| CITY<br>St Helena                                                                                                                                                       |  |             | Amount<br>836.00                                     |                    |
| STATE<br>CA                                                                                                                                                             |  |             | Transaction ID : IDT.F65.10877                       |                    |
| ZIP CODE<br>94574                                                                                                                                                       |  |             | Occupation<br>Vintner                                |                    |
| C. FULL NAME                                                                                                                                                            |  |             | Name of Employer                                     |                    |
| MAILING ADDRESS                                                                                                                                                         |  |             | Date (month, day, year)                              |                    |
| CITY                                                                                                                                                                    |  |             | Amount                                               |                    |
| STATE                                                                                                                                                                   |  |             | Transaction ID                                       |                    |
| ZIP CODE                                                                                                                                                                |  |             | Occupation                                           |                    |
| D. FULL NAME                                                                                                                                                            |  |             | Name of Employer                                     |                    |
| MAILING ADDRESS                                                                                                                                                         |  |             | Date (month, day, year)                              |                    |
| CITY                                                                                                                                                                    |  |             | Amount                                               |                    |
| STATE                                                                                                                                                                   |  |             | Transaction ID                                       |                    |
| ZIP CODE                                                                                                                                                                |  |             | Occupation                                           |                    |
| E. FULL NAME                                                                                                                                                            |  |             | Name of Employer                                     |                    |
| MAILING ADDRESS                                                                                                                                                         |  |             | Date (month, day, year)                              |                    |
| CITY                                                                                                                                                                    |  |             | Amount                                               |                    |
| STATE                                                                                                                                                                   |  |             | Transaction ID                                       |                    |
| ZIP CODE                                                                                                                                                                |  |             | Occupation                                           |                    |
| SIGNATURE (optional)<br>Lewis, Denise, , ,                                                                                                                              |  |             |                                                      | DATE<br>05/22/2026 |
| For further information, contact the Federal Election Commission 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)

## FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F65

Transaction ID : IDT.F65.10876

Earmarked Through Actblue

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