

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 Mark Pocan for Congress																					
ADDRESS (number and street) PO Box 327																					
CITY Madison	STATE WI	ZIP CODE 53701																			
2. NAME OF CANDIDATE Pocan, Mark, , ,		3. OFFICE SOUGHT (State and District) House WI 02																			
4. FEC IDENTIFICATION NUMBER C00502179																					
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" style="padding: 5px;"> A. FULL NAME American Medical Association PAC </td> <td style="padding: 5px;"> Name of Employer </td> <td style="padding: 5px;"> Date (month, day, year) </td> <td style="padding: 5px;"> Amount </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> MAILING ADDRESS 25 Massachusetts Ave NW Ste 600 </td> <td style="padding: 5px;"> Transaction ID : 11367236 </td> <td style="padding: 5px;"> 08/03/2026 </td> <td style="padding: 5px;"> 1500.00 </td> </tr> <tr> <td style="padding: 5px;"> CITY Washington </td> <td style="padding: 5px;"> STATE DC </td> <td style="padding: 5px;"> ZIP CODE 20001-7400 </td> <td style="padding: 5px;"> Occupation </td> <td colspan="2"></td> </tr> </table>				A. FULL NAME American Medical Association PAC			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS 25 Massachusetts Ave NW Ste 600			Transaction ID : 11367236	08/03/2026	1500.00	CITY Washington	STATE DC	ZIP CODE 20001-7400	Occupation		
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FEC FORM 6
(Revised 03/2016)