

# 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> <div style="border: 1px solid black; padding: 2px;">Elise for Congress</div>			
<b>ADDRESS</b> (number and street) <div style="border: 1px solid black; padding: 2px;">PO Box 500</div>			
<b>CITY, STATE, and ZIP CODE</b> <div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 2px;"> <span>Glens Falls</span> <span>NY</span> <span>12801</span> </div>			
<b>2. NAME OF CANDIDATE</b> <div style="border: 1px solid black; padding: 2px;">Elise M. Stefanik</div>	<b>3. OFFICE SOUGHT</b> (State and District) <div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 2px;"> <span>House</span> <span>NY</span> <span>21</span> </div>		<b>4. FEC IDENTIFICATION NUMBER</b> <div style="border: 1px solid black; padding: 2px;">C00547893</div>
<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 _____ / _____ / _____			

A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
<b>DOUGLAS DEASON</b>  10134 WALLER DRIVE  DALLAS TX 75229-6611	DEASON CAPITAL SERVICES	06/22/2016	5400.00
	<b>Transaction ID : TX8469</b>		
	Occupation INVESTOR		
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
<b>JOEL D. KAPLAN</b>  3809 LELAND STREET  CHEVY CHASE MD 20815-4901	FACEBOOK	06/22/2016	2700.00
	<b>Transaction ID : TX8470</b>		
	Occupation VP US PUBLIC POLICY		
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
<b>NEIL PATEL</b>  4800 NETHERCOTT LANE  WILSON WY 83014-	THE DAILY CALLER	06/23/2016	1000.00
	<b>Transaction ID : TX8473</b>		
	Occupation CO-FOUNDER AND PUBLISHER		
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
	Occupation		
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
	Occupation		

<b>SIGNATURE (optional)</b> <i>Cabell Hobbs</i>  <div style="text-align: center;">[Electronically Filed]</div>	<b>DATE</b> 06/23/2016	<b>For further information contact:</b> Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
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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 07/2011)