

# 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>Elise for Congress   |  |   |  |
| ADDRESS (number and street) PO Box 338  |  |   |  |
| <b>CITY, STATE, and ZIP CODE</b><br>Willsboro NY 12996  |  |   |  |
| <b>2. NAME OF CANDIDATE</b><br>Elise M. Stefanik  |  | <b>3. OFFICE SOUGHT</b> (State and District)<br>House NY 21 |  |
|   |  | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00547893            |  |
| <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 ____ / ____ / ____ |  |   |  |
| <b>A. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>   |  |   |  |
| PINNACLE WEST CORPORATION PAC   |  | Name of Employer  | Date (month, day, year)  |
| 801 PENNSYLVANIA AVE NW SUITE 214   |  | Transaction ID : TX4481                                     | 10/29/2014   |
| WASHINGTON DC 20004-  |  | Occupation  | Amount   |
|   |  |   | 2000.00  |
| <b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>   |  |   |  |
| AGRI-MARK INC PAC   |  | Name of Employer  | Date (month, day, year)  |
| 100 MILK STREET   |  | Transaction ID : TX4483                                     | 10/29/2014   |
| METHUEN MA 01844-   |  | Occupation  | Amount   |
|   |  |   | 1000.00  |
| <b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>   |  |   |  |
| ONEIDA INDIAN NATION  |  | Name of Employer  | Date (month, day, year)  |
| 1 TERRITORY RD  |  | Transaction ID : TX4484                                     | 10/29/2014   |
| ONEIDA NY 13421-  |  | Occupation  | Amount   |
|   |  |   | 2600.00  |
| <b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>   |  |   |  |
| KENNETH ABRAMOWITZ  |  | Name of Employer  | Date (month, day, year)  |
| P.O. BOX 958  |  | NGN CAPITAL   | 10/28/2014   |
| SOUTHPORT CT 06890-0958   |  | Transaction ID : TX4469                                     | Amount   |
|   |  | Occupation  | 1000.00  |
|   |  | ANALYST   |  |
| <b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>   |  |   |  |
| BLAKE GOTTESMAN   |  | Name of Employer  | Date (month, day, year)  |
| 588 TREMONT ST  |  | BERKSHIRE PARTNERS LLC                                      | 10/29/2014   |
| BOSTON MA 02118-  |  | Transaction ID : TX4477                                     | Amount   |
|   |  | Occupation  | 1000.00  |
|   |  | INVESTMENT MANAGEMENT                                       |  |
| <b>SIGNATURE (optional)</b><br>James E. Morris  |  | <b>DATE</b><br>10/29/2014                                   | <b>For further information contact:</b><br>Federal Election Commission<br>999 E Street, NW, Washington, DC 20463<br>Toll Free 800-424-9530, Local 202-694-1100 |
| <i>[Electronically Filed]</i>   |  |   |  |

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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)

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| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00547893  |  | <i>continuation page</i>                                    |                   |
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| <b>A. FULL NAME, MAILING ADDRESS AND ZIP CODE</b><br>STEPHENS M. MUNDY<br><br>42 SPITFIRE DRIVE<br><br>PLATTSBURGH NY 12901-  | Name of Employer<br>INFORMATION REQUESTED PER BEST EFFORTS<br><br><b>Transaction ID : TX4482</b><br>Occupation<br>INFORMATION REQUESTED PER BI | Date (month, day, year)<br>10/29/2014                       | Amount<br>1000.00 |
| <b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b><br>PETER S. PAINE JR.<br><br>135 RIVER LANE<br><br>WILLSBORO NY 12996-3940  | Name of Employer<br>CHAMPAIN NATIONAL BANK<br><br><b>Transaction ID : TX4479</b><br>Occupation<br>CHAIRMAN                                     | Date (month, day, year)<br>10/29/2014                       | Amount<br>1000.00 |
| <b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>   | Name of Employer<br><br><br>Occupation   | Date (month, day, year)                                     | Amount            |
| <b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>   | Name of Employer<br><br><br>Occupation   | Date (month, day, year)                                     | Amount            |
| <b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>   | Name of Employer<br><br><br>Occupation   | Date (month, day, year)                                     | Amount            |