

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 Katko for Congress			
ADDRESS (number and street) 228 S Washington St Ste 115			
CITY Alexandria	STATE VA	ZIP CODE 22314-5404	
2. NAME OF CANDIDATE Katko, John, M, ,		3. OFFICE SOUGHT (State and District) House NY 24	
4. FEC IDENTIFICATION NUMBER C00556365			
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 Campagnola, Joel, , ,		Name of Employer Finish Carpentry	Date (month, day, year) 10/31/2018
MAILING ADDRESS 14 Morris St.		Transaction ID : 6F6A724E1C0E44FF9	Amount 1000.00
CITY Auburn	STATE NY	ZIP CODE 13021-2824	Occupation Business Owner
B. FULL NAME Cherokee Nation		Name of Employer	Date (month, day, year) 10/31/2018
MAILING ADDRESS PO Box 948		Transaction ID : 63ED6C589D4F74DA	Amount 1000.00
CITY Tahlequah	STATE OK	ZIP CODE 74465-0948	Occupation
C. FULL NAME ROSKAM PAC-Republican Operation to Sec. & Keep a Majority		Name of Employer	Date (month, day, year) 10/31/2018
MAILING ADDRESS c/o 610 S. Blvd		Transaction ID : 65C72C632C9E84BD	Amount 2500.00
CITY Tampa	STATE FL	ZIP CODE 33606	Occupation
D. FULL NAME Laborers' International Union Of North America (Liuna) Pac		Name of Employer	Date (month, day, year) 10/31/2018
MAILING ADDRESS 905 16th St NW		Transaction ID : 63888BC844AC6472C	Amount 4000.00
CITY Washington	STATE DC	ZIP CODE 20006-1703	Occupation
E. FULL NAME MVP Health Care Inc Federal PAC		Name of Employer	Date (month, day, year) 10/31/2018
MAILING ADDRESS 625 State Street		Transaction ID : 6DBE6D3001D5A4D5	Amount 1000.00
CITY Schenectady	STATE NY	ZIP CODE 12305-2111	Occupation
SIGNATURE (optional) Lisker, Lisa, , ,		DATE 11/02/2018	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
[Electronically Filed]			

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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.

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE Chamber Of Commerce Of The United States Of America Pac (Us Chamber Pac) 1615 H St NW Washington DC 20062-0001	Name of Employer Transaction ID : 6E8C869B26FE0416BA5D Occupation	Date (month, day, year) 10/31/2018	Amount 1500.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Liberty Fund; The PO Box 1992 Vancouver WA 98668-1992	Name of Employer Transaction ID : 656E56012CAB7494C8DC Occupation	Date (month, day, year) 10/31/2018	Amount 1500.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE MVP Health Care Inc Federal PAC 625 State Street Schenectady NY 12305-2111	Name of Employer Transaction ID : 6ED9932469AD042699D6 Occupation	Date (month, day, year) 10/31/2018	Amount 1000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Protect The House PO Box 30844 Bethesda MD 20824-0844	Name of Employer Transaction ID : 6A055B5D244BF46809D7 Occupation	Date (month, day, year) 11/01/2018	Amount 2206.65
E. FULL NAME, MAILING ADDRESS AND ZIP CODE The American Congress Of Ob-gyns PAC (Ob-gyn Pac) 409 12th St SW Washington DC 20024-2125	Name of Employer Transaction ID : 6051EFE69014F41E79DB Occupation	Date (month, day, year) 11/01/2018	Amount 3000.00

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FEC FORM 6
(Revised 07/2011)

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE Haslam, James, , , II PO Box 10146 Knoxville TN 37939-0146	Name of Employer Pilot Travel Centers Transaction ID : 6775235F04AEF43F1A28 Occupation CEO	Date (month, day, year) 11/01/2018	Amount 1692.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Emmet, Richard, , , 15 Avon Rd. Larchmont NY 10538-1420	Name of Employer Jane Street Capital Transaction ID : 69B990B656E99427EA7E Occupation Trader	Date (month, day, year) 11/01/2018	Amount 2700.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount