

# 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> Katko for Congress			
ADDRESS (number and street) 228 S Washington St Ste 115			
CITY Alexandria	STATE VA	ZIP CODE 22314-5404	
<b>2. NAME OF CANDIDATE</b> Katko, John, M, ,		<b>3. OFFICE SOUGHT</b> (State and District) House NY 24	
		<b>4. FEC IDENTIFICATION NUMBER</b> C00556365	
<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</b> Saunders, Tracy, L., ,			
MAILING ADDRESS 5811 Parapet Dr		Name of Employer Saunders Company	
CITY Jamesville	STATE NY	ZIP CODE 13078-6514	Date (month, day, year) 10/19/2020
		Amount 1500.00	
		Transaction ID : 6D01077DE8BDF4657	
		Occupation VP	
<b>B. FULL NAME</b> Judson, Donald, , ,			
MAILING ADDRESS 2002 Lakeshore Dr		Name of Employer Judson Management LLC	
CITY Austin	STATE TX	ZIP CODE 78746-2907	Date (month, day, year) 10/19/2020
		Amount 1700.00	
		Transaction ID : 6BCC05FF04F9944C5	
		Occupation CEO	
<b>C. FULL NAME</b> Grosso, Rocco, , ,			
MAILING ADDRESS 6223 Thompson Rd Ste 1000		Name of Employer Syracuse Haulers	
CITY Syracuse	STATE NY	ZIP CODE 13206-1405	Date (month, day, year) 10/19/2020
		Amount 2500.00	
		Transaction ID : 6FF9FAC5397B845A5	
		Occupation Owner	
<b>D. FULL NAME</b> Howell, Andrew, , ,			
MAILING ADDRESS 5901 Johnson Ave		Name of Employer Monument Advocacy	
CITY Bethesda	STATE MD	ZIP CODE 20817-3432	Date (month, day, year) 10/19/2020
		Amount 1000.00	
		Transaction ID : 6E95146551ECC4E99	
		Occupation Government Relations	
<b>E. FULL NAME</b> LaBovick, Brian, , ,			
MAILING ADDRESS 5220 Hood Rd Ste 200		Name of Employer LaBovick Law Group	
CITY Palm Beach Gardens	STATE FL	ZIP CODE 33418-8910	Date (month, day, year) 10/19/2020
		Amount 1500.00	
		Transaction ID : 6DAB82C5C9E434B3	
		Occupation Attorney	
<b>SIGNATURE (optional)</b> Lisker, Lisa, , ,			<b>DATE</b> 10/21/2020
[Electronically Filed]			<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 03/2016)

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<b>CITY, STATE, and ZIP CODE</b> Alexandria VA 22314-5404			
<b>2. NAME OF CANDIDATE</b> Katko, John, M, ,		<b>3. OFFICE SOUGHT</b> (State and District) House NY 24	
<b>4. FEC IDENTIFICATION NUMBER</b> C00556365		<b>continuation page</b>	
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<b>A. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> Whelan, Robert, , , 2215 Lakeshore Dr Mandeville LA 70448-5735	Name of Employer PMAT Companies <b>Transaction ID : 65FB94A91A5A74696985</b> Occupation Owner	Date (month, day, year) 10/19/2020	Amount 1000.00
<b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> Power PAC 701 Pennsylvania Ave NW Washington DC 20004-2608	Name of Employer <b>Transaction ID : 6519CE6BE8A9D41F99A8</b> Occupation	Date (month, day, year) 10/19/2020	Amount 5000.00
<b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> Texans For Jodey Arrington PO Box 6687 Lubbock TX 79493-6687	Name of Employer <b>Transaction ID : 677D5373D077440BBA00</b> Occupation	Date (month, day, year) 10/20/2020	Amount 2000.00
<b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> Kopelowitz, Brian, , , 10281 Lone Star Pl Davie FL 33328-1346	Name of Employer Kopelowitz Ostrow P.A. <b>Transaction ID : 63CF4AFD7F3B14550829</b> Occupation Attorney	Date (month, day, year) 10/20/2020	Amount 1500.00
<b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> Schachter, Ben, , , 9451 Equus Circle Delray Beach FL 33446	Name of Employer Quad Companies <b>Transaction ID : 628777A30ED624F20B2B</b> Occupation Broker	Date (month, day, year) 10/20/2020	Amount 2000.00

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
Morris, Stuart, , ,  318 NE 7th Ave  Delray Beach FL 33483-5521	Morris Law Group  Occupation Attorney	10/20/2020	1500.00
<b>Transaction ID : 6453F31B54CDB4C3083B</b>			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
Faren, Michael, , ,  17832 Key Vista Way  Boca Raton FL 33496-1040	Self Employed  Occupation CPA	10/20/2020	1500.00
<b>Transaction ID : 6E2FBC1E9216A4AA8875</b>			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
(Empty)	(Empty)  Occupation	(Empty)	(Empty)
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
(Empty)	(Empty)  Occupation	(Empty)	(Empty)
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
(Empty)	(Empty)  Occupation	(Empty)	(Empty)

continuation page