10/20/2022 19:33

Image# 202210209541398542 PAGE 1/2

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.

NAME OF COMMITTEE IN FULL Donald M Payne		ngress]	
ADDRESS (number and street)								-	
CITY STATE			ZIP CODE			-			
Newark NJ			07114			\	4 FEO IDENTIFICATION NUMBER		
2. NAME OF CANDIDATE Payne, Donald, , Mr., Jr			3. OFFICE SOUGHT (State and District) House NJ 10				4. FEC IDENTIFICATION NUMBER C00519355		
5. IS THIS AN AMENDMENT?	NO, THIS IS A	NEW FILING		YES, IT AMEN	NDS THE	NOTICE FILE	O ON	//	
A. FULL NAME American Optometric Association Political Action Committee (AOA-PAC)			Name of Employer				Date (month, day, year)	Amount	
MAILING ADDRESS 1505 Prince St Ste 300				Transaction ID : VN8ZJT8K7X2			(2	10/20/2022	2500.00
CITY	STATE	ZIP COI	DE	Occupation Occupation			<u>-</u>	-	
				Codpation					
Alexandria	VA	22314	1-2845						
^{B. FULL NAME} Guido, Maria, E, ,				Name of Employer Unified Logistics Services LLC				Date (month, day, year)	Amount
MAILING ADDRESS				_				10/20/2022	2000.00
2257 83rd St				Turneration	ID . VAI	07 1701/77	•		
CITY	STATE	ZID COI	DE	Transaction I	ID : VN	82J18K/1	8	_	
CITT	CITY STATE ZIP CODE			Occupation					
North Bergen	rth Bergen NJ 07047-1401			President/Chief Executive Officer					
c. FULL NAME International Longshore	emen's Assoc	iation Cor	nmittee	Name of Emplo	oyer			Date (month, day, year)	Amount
MAILING ADDRESS 5000 WEST SIDE AVENUE							10/20/2022	5000.00	
				Transaction	ID : VN	I8ZJT8JYD	96		
CITY	STATE	ZIP COI	DE	Occupation	Occupation				
NORTH BERGEN	NJ	07047	7						
D. FULL NAME				Name of Emplo	oyer			Date (month,	Amount
Kraska, Caren, L, ,			Info Requested				day, year)		
MAILING ADDRESS								10/20/2022	1500.00
MALLING ADDRESS 1270N N Canterbury Rd							•		
CITY	CTATE	STATE ZIP CODI		Transaction ID: VN8ZJT8K7Y0 Occupation			U	_	
Fayetteville	AR		1-2808	Info Requested					
,		1210	1-2000						
E. FULL NAME Southern Minnesota Beet Sugar Cooperative PAC			Name of Employer				Date (month, day, year)	Amount	
MAILING ADDRESS 83550 County Road 21								10/20/2022	1000.00
Renville				Transaction ID: VN8ZJT8JYF2			2		
CITY STATE ZIP CODE		DE	Occupation						
Renville	MN	5628	4-2319						
SIGNATURE (optional) Williams, H., O'Neil, Mr.,	,	'		[Electronically	Filed]	DATE 10/20/202	22	Federal Ele 999 E Street, NW	nformation contact: ection Commission f, Washington, DC 20463 9530, Local 202-694-1100



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.



Image# 202210209541398543 PAGE 2 / 2

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.

NAME OF COMMITTEE IN FULL Donald M Payne, Jr. for Congress]		
ADDRESS (number and street) PO Box 2406		-	
CITY, STATE, and ZIP CODE	NII 07444	continuation	on page
Newark 2. NAME OF CANDIDATE	NJ 07114 3. OFFICE SOUGHT (State and District)		
Payne, Donald, , Mr., Jr	House NJ 10	4. FEC IDENTIFICATION NUMBER C00519355	
- ayno, Bonaia, , iiii, oi	Tious Ite	000010000	
5. ISTHIS AN AMENDMENT? X NO, THIS IS A NEW FILING	YES, IT AMENDS THE NOTICE FILED ON	/	/
A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
The NEA Fund For Children & Public Education		day, year)	
1201 16th St NW		10/20/2022	5000.00
Ste 420	Transaction ID: VN8ZJT8JYG0		
Washington DC 20036-3201	Occupation		
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
Thigpen, Richard, T, ,	PSEG	day, year)	
-		10/20/2022	2000.00
369 Martin Rd	Transaction ID : VN8ZJT8K7W4		
	Occupation Occupation	_	
Union NJ 07083-7973	Executive		
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
		day, year)	
	Occupation		
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
		, , , , , , ,	
	Occupation		
		D. (
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
	Occupation		