

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 LaMonica McIver for Congress			
ADDRESS (number and street) PO Box 25585			
CITY Newark	STATE NJ	ZIP CODE 07101	
2. NAME OF CANDIDATE McIver, LaMonica, , ,		3. OFFICE SOUGHT (State and District) House NJ 10	
		4. FEC IDENTIFICATION NUMBER C00878603	
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 ACTBLUE		Name of Employer Date (month, day, year)	
MAILING ADDRESS PO BOX 441146		Transaction ID : F6.6149	
CITY SOMERVILLE	STATE MA	ZIP CODE 02144	Amount 17368.71
Occupation		Date (month, day, year) 09/10/2024	
B. FULL NAME Kukreja, Leena, , ,		Name of Employer Self	
MAILING ADDRESS 589 Summit Ave		Transaction ID : F6.6146	
CITY Franklin Lakes	STATE NJ	ZIP CODE 07417	Amount 3000.00
Occupation Self		Date (month, day, year) 09/10/2024	
C. FULL NAME Kukreja, Mahesh, , ,		Name of Employer Self	
MAILING ADDRESS 589 Summit Ave		Transaction ID : F6.6147	
CITY Franklin Lakes	STATE NJ	ZIP CODE 07417	Amount 3300.00
Occupation Self		Date (month, day, year) 09/10/2024	
D. FULL NAME Kukreja, Vishal, , ,		Name of Employer Self	
MAILING ADDRESS 589 Summit Ave		Transaction ID : F6.6148	
CITY Franklin Lakes	STATE NJ	ZIP CODE 07417	Amount 3000.00
Occupation Self		Date (month, day, year) 09/10/2024	
E. FULL NAME		Name of Employer	
MAILING ADDRESS		Date (month, day, year)	
CITY	STATE	ZIP CODE	Amount
Occupation		Date (month, day, year)	
SIGNATURE (optional) McIver, Lashea, , ,		DATE 09/12/2024	For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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