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
Adam Gray for Congress

ADDRESS (number and street) 400 Capitol Mall, Suite 1545

CITY	STATE	ZIP CODE
Sacramento	CA	95814

2. NAME OF CANDIDATE
Gray, Adam C., , ,

3. OFFICE SOUGHT (State and District)
House CA 13

4. FEC IDENTIFICATION NUMBER
C00801431

5. IS THIS AN AMENDMENT? [X] NO, THIS IS A NEW FILING [ ] YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____

A. FULL NAME Ascoli, Lucy, , , MAILING ADDRESS 4950 S. Chicago Beach Drive CITY: Chicago / STATE: IL / ZIP CODE: 60615	Name of Employer N.A. Transaction ID : INC.F65.1245 Occupation Not Employed	Date (month, day, year) 10/31/2022	Amount 1000.00
B. FULL NAME Lang, David, , , MAILING ADDRESS 319 Riverside Street CITY: Portsmouth / STATE: RI / ZIP CODE: 2871	Name of Employer Retired Transaction ID : IDT.F65.19696 Occupation Businessman	Date (month, day, year) 10/29/2022	Amount 2900.00
C. FULL NAME Mad 4 PA PAC MAILING ADDRESS P.O. Box 444 CITY: Glenside / STATE: PA / ZIP CODE: 19038	Name of Employer Transaction ID : IDT.F65.20041 Occupation	Date (month, day, year) 10/30/2022	Amount 1000.00
D. FULL NAME Marson, Alexander, , , MAILING ADDRESS 625 Broderick Street CITY: San Francisco / STATE: CA / ZIP CODE: 94117	Name of Employer Gladstone Institutes/UCSF Transaction ID : IDT.F65.20097 Occupation Medical researcher`	Date (month, day, year) 10/30/2022	Amount 1000.00
E. FULL NAME Morrison, Kate, , , MAILING ADDRESS 5844 S Stony Island Ave Apt 7H CITY: Chicago / STATE: IL / ZIP CODE: 60637	Name of Employer Not Employed Transaction ID : IDT.F65.20052 Occupation Not Employed	Date (month, day, year) 10/30/2022	Amount 1000.00

SIGNATURE (optional)
Olson, Rebecca J., , ,

[Electronically Filed]

DATE
10/31/2022

For further information contact:
Federal Election Commission
999 E Street, NW, Washington, DC 20463
Toll Free 800-424-9530, Local 202-694-1100

FEC FORM 6
(Revised 03/2016)

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: **F65**
Transaction ID : **IDT.F65.19696**

Contribution received through conduit ActBlue

Form/Schedule: **F65**
Transaction ID: **IDT.F65.20041**

Contribution received through conduit ActBlue

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: **F65**
Transaction ID : **IDT.F65.20097**

Contribution received through conduit ActBlue

Form/Schedule: **F65**
Transaction ID: **IDT.F65.20052**

Contribution received through conduit ActBlue

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continuation page

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer / Occupation	Date (month, day, year)	Amount
Roberts, Roni, , , 804 Crystal Water Way Myrtle Beach SC 29579	Self Employed **Transaction ID : INC.F65.1244** Real Estate Agent	10/31/2022	2900.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount**
Soros, Robert, , , 250 West 55th Street, 36th Floor New York NY 10019	Soros Capital Management LLC **Transaction ID : INC.F65.1243** Chief Investment Officer	10/31/2022	2900.00
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**