

# 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><br>Mondaire for Congress                                                                                                                   |  |                    |                                                             |                                                                                                                                                                |
| <b>ADDRESS</b> (number and street) 122 C St NW<br>Ste 360                                                                                                                      |  |                    |                                                             |                                                                                                                                                                |
| <b>CITY</b><br>Washington                                                                                                                                                      |  | <b>STATE</b><br>DC |                                                             | <b>ZIP CODE</b><br>20001                                                                                                                                       |
| <b>2. NAME OF CANDIDATE</b><br>Jones, Mondaire, , ,                                                                                                                            |  |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House NY 10 |                                                                                                                                                                |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00711150                                                                                                                               |  |                    |                                                             |                                                                                                                                                                |
| <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><br>Cummings, Donna, , ,                                                                                                                                    |  |                    |                                                             |                                                                                                                                                                |
| <b>MAILING ADDRESS</b><br>416 Gravier St                                                                                                                                       |  |                    | Name of Employer<br>Self Employed                           |                                                                                                                                                                |
| <b>CITY</b><br>New Orleans                                                                                                                                                     |  |                    | <b>STATE</b><br>LA                                          |                                                                                                                                                                |
| <b>ZIP CODE</b><br>70130-2419                                                                                                                                                  |  |                    | <b>Date</b> (month, day, year)<br>08/19/2022                |                                                                                                                                                                |
| <b>Transaction ID : 12161703</b>                                                                                                                                               |  |                    | <b>Amount</b><br>1000.00                                    |                                                                                                                                                                |
| <b>B. FULL NAME</b><br>Elghanayan, Justin, , ,                                                                                                                                 |  |                    |                                                             |                                                                                                                                                                |
| <b>MAILING ADDRESS</b><br>46 Bergen St<br>Apt 5                                                                                                                                |  |                    | Name of Employer<br>Rockrose Development Corp.              |                                                                                                                                                                |
| <b>CITY</b><br>Brooklyn                                                                                                                                                        |  |                    | <b>STATE</b><br>NY                                          |                                                                                                                                                                |
| <b>ZIP CODE</b><br>11201-6394                                                                                                                                                  |  |                    | <b>Date</b> (month, day, year)<br>08/19/2022                |                                                                                                                                                                |
| <b>Transaction ID : 12161701</b>                                                                                                                                               |  |                    | <b>Amount</b><br>1900.00                                    |                                                                                                                                                                |
| <b>C. FULL NAME</b><br>Frick, Ann, , ,                                                                                                                                         |  |                    |                                                             |                                                                                                                                                                |
| <b>MAILING ADDRESS</b><br>19201 Highway 12<br># 173                                                                                                                            |  |                    | Name of Employer<br>Not Employed                            |                                                                                                                                                                |
| <b>CITY</b><br>Sonoma                                                                                                                                                          |  |                    | <b>STATE</b><br>CA                                          |                                                                                                                                                                |
| <b>ZIP CODE</b><br>95476-5413                                                                                                                                                  |  |                    | <b>Date</b> (month, day, year)<br>08/19/2022                |                                                                                                                                                                |
| <b>Transaction ID : 12161702</b>                                                                                                                                               |  |                    | <b>Amount</b><br>1000.00                                    |                                                                                                                                                                |
| <b>D. FULL NAME</b><br>Levy, Matthew, , ,                                                                                                                                      |  |                    |                                                             |                                                                                                                                                                |
| <b>MAILING ADDRESS</b><br>4726 Independence Ave                                                                                                                                |  |                    | Name of Employer<br>DPW                                     |                                                                                                                                                                |
| <b>CITY</b><br>Bronx                                                                                                                                                           |  |                    | <b>STATE</b><br>NY                                          |                                                                                                                                                                |
| <b>ZIP CODE</b><br>10471-3225                                                                                                                                                  |  |                    | <b>Date</b> (month, day, year)<br>08/19/2022                |                                                                                                                                                                |
| <b>Transaction ID : 12161704</b>                                                                                                                                               |  |                    | <b>Amount</b><br>1000.00                                    |                                                                                                                                                                |
| <b>E. FULL NAME</b><br>Sawyer, Deb, , ,                                                                                                                                        |  |                    |                                                             |                                                                                                                                                                |
| <b>MAILING ADDRESS</b><br>549 N Cortez St                                                                                                                                      |  |                    | Name of Employer<br>Not Employed                            |                                                                                                                                                                |
| <b>CITY</b><br>Salt Lake City                                                                                                                                                  |  |                    | <b>STATE</b><br>UT                                          |                                                                                                                                                                |
| <b>ZIP CODE</b><br>84103-2122                                                                                                                                                  |  |                    | <b>Date</b> (month, day, year)<br>08/19/2022                |                                                                                                                                                                |
| <b>Transaction ID : 12161697</b>                                                                                                                                               |  |                    | <b>Amount</b><br>2500.00                                    |                                                                                                                                                                |
| <b>SIGNATURE (optional)</b><br>Jackson, Sue, , ,                                                                                                                               |  |                    |                                                             | <b>DATE</b><br>08/20/2022                                                                                                                                      |
| [Electronically Filed]                                                                                                                                                         |  |                    |                                                             | <b>For further information contact:</b><br>Federal Election Commission<br>999 E Street, NW, Washington, DC 20463<br>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>1. NAME OF COMMITTEE IN FULL</b><br>Mondaire for Congress                                                                                                                   |  |                                                                |  |
| <b>ADDRESS</b> (number and street) 122 C St NW<br>Ste 360                                                                                                                      |  |                                                                |  |
| <b>CITY, STATE, and ZIP CODE</b><br>Washington DC 20001                                                                                                                        |  |                                                                |  |
| <b>2. NAME OF CANDIDATE</b><br>Jones, Mondaire, , ,                                                                                                                            |  | <b>3. OFFICE SOUGHT</b> (State and District)<br>House NY 10    |  |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00711150                                                                                                                               |  |                                                                |  |
| <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, MAILING ADDRESS AND ZIP CODE</b><br>The National Association Of REALTORS Political Action Committee<br>430 N Michigan Ave<br>Chicago IL 60611-4011            |  |                                                                |  |
| Name of Employer<br><br><b>Transaction ID : 12161695</b><br>Occupation                                                                                                         |  | Date (month, day, year)<br>08/18/2022<br><br>Amount<br>3000.00 |  |
| <b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b><br>We Invest In Lives And Dreams<br>600 Pennsylvania Ave SE<br>Unit 15180<br>Washington DC 20003-7508                        |  |                                                                |  |
| Name of Employer<br><br><b>Transaction ID : 12161696</b><br>Occupation                                                                                                         |  | Date (month, day, year)<br>08/19/2022<br><br>Amount<br>2500.00 |  |
| <b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>                                                                                                                              |  |                                                                |  |
| Name of Employer<br><br>Occupation                                                                                                                                             |  | Date (month, day, year)<br><br><br>Amount                      |  |
| <b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>                                                                                                                              |  |                                                                |  |
| Name of Employer<br><br>Occupation                                                                                                                                             |  | Date (month, day, year)<br><br><br>Amount                      |  |
| <b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>                                                                                                                              |  |                                                                |  |
| Name of Employer<br><br>Occupation                                                                                                                                             |  | Date (month, day, year)<br><br><br>Amount                      |  |

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