

# 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>Reynoso for Congress                                                                                                                 |  |                               |  |                                                             |                                   |                                                  |                                       |                                                                                                             |                   |  |
| <b>ADDRESS</b> (number and street) 1 City Pt<br>#38J                                                                                                                        |  |                               |  |                                                             |                                   |                                                  |                                       |                                                                                                             |                   |  |
| <b>CITY</b><br>Brooklyn                                                                                                                                                     |  | <b>STATE</b><br>NY            |  | <b>ZIP CODE</b><br>11201-7375                               |                                   |                                                  |                                       |                                                                                                             |                   |  |
| <b>2. NAME OF CANDIDATE</b><br>Reynoso, Antonio, , ,                                                                                                                        |  |                               |  | <b>3. OFFICE SOUGHT</b> (State and District)<br>House NY 07 |                                   | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00929372 |                                       |                                                                                                             |                   |  |
| <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>Connor, Martin, , ,                                                                                                                                  |  |                               |  |                                                             | Name of Employer<br>Self-Employed |                                                  | Date (month, day, year)<br>06/18/2026 |                                                                                                             | Amount<br>1000.00 |  |
| <b>MAILING ADDRESS</b><br>61 Pierrepont St<br>Apt 71<br>CITY<br>Brooklyn                                                                                                    |  |                               |  |                                                             | <b>Transaction ID : 6350020</b>   |                                                  |                                       |                                                                                                             |                   |  |
| <b>STATE</b><br>NY                                                                                                                                                          |  | <b>ZIP CODE</b><br>11201-2434 |  | Occupation<br>Attorney                                      |                                   |                                                  |                                       |                                                                                                             |                   |  |
| <b>B. FULL NAME</b><br>Goodrich, Kirk, , ,                                                                                                                                  |  |                               |  |                                                             | Name of Employer<br>Monadnock     |                                                  | Date (month, day, year)<br>06/18/2026 |                                                                                                             | Amount<br>1500.00 |  |
| <b>MAILING ADDRESS</b><br>1105 New York Ave<br>CITY<br>Brooklyn                                                                                                             |  |                               |  |                                                             | <b>Transaction ID : 6350071</b>   |                                                  |                                       |                                                                                                             |                   |  |
| <b>STATE</b><br>NY                                                                                                                                                          |  | <b>ZIP CODE</b><br>11203-4906 |  | Occupation<br>President                                     |                                   |                                                  |                                       |                                                                                                             |                   |  |
| <b>C. FULL NAME</b>                                                                                                                                                         |  |                               |  |                                                             | Name of Employer                  |                                                  | Date (month, day, year)               |                                                                                                             | Amount            |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                      |  |                               |  |                                                             |                                   |                                                  |                                       |                                                                                                             |                   |  |
| <b>CITY</b>                                                                                                                                                                 |  | <b>STATE</b>                  |  | <b>ZIP CODE</b>                                             |                                   |                                                  |                                       |                                                                                                             |                   |  |
| <b>D. FULL NAME</b>                                                                                                                                                         |  |                               |  |                                                             | Name of Employer                  |                                                  | Date (month, day, year)               |                                                                                                             | Amount            |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                      |  |                               |  |                                                             |                                   |                                                  |                                       |                                                                                                             |                   |  |
| <b>CITY</b>                                                                                                                                                                 |  | <b>STATE</b>                  |  | <b>ZIP CODE</b>                                             |                                   |                                                  |                                       |                                                                                                             |                   |  |
| <b>E. FULL NAME</b>                                                                                                                                                         |  |                               |  |                                                             | Name of Employer                  |                                                  | Date (month, day, year)               |                                                                                                             | Amount            |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                      |  |                               |  |                                                             |                                   |                                                  |                                       |                                                                                                             |                   |  |
| <b>CITY</b>                                                                                                                                                                 |  | <b>STATE</b>                  |  | <b>ZIP CODE</b>                                             |                                   |                                                  |                                       |                                                                                                             |                   |  |
| <b>SIGNATURE (optional)</b><br>Vogel, Spencer, , ,                                                                                                                          |  |                               |  |                                                             |                                   | <b>DATE</b><br>06/20/2026                        |                                       | For further information,<br>contact the Federal Election Commission<br>at 800-424-9530 or visit www.fec.gov |                   |  |

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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)