

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 Kaine for Virginia				
ADDRESS (number and street) 1490-5A Quarterpath Rd #272				
CITY Williamsburg		STATE VA		ZIP CODE 23185
2. NAME OF CANDIDATE Kaine, Timothy, Michael, ,			3. OFFICE SOUGHT (State and District) Senate VA	
4. FEC IDENTIFICATION NUMBER C00495358				
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____				
A. FULL NAME Blau, Lisa, , ,			Name of Employer Able Partners NYC, LLC	
MAILING ADDRESS 115 E 70Th St			Date (month, day, year) 06/05/2024	
CITY New York			Amount 3300.00	
STATE NY			Transaction ID : 3339042	
ZIP CODE 10021-5020			Occupation Cofounder	
B. FULL NAME Blau, Lisa, , ,			Name of Employer Able Partners NYC, LLC	
MAILING ADDRESS 115 E 70Th St			Date (month, day, year) 06/05/2024	
CITY New York			Amount 3300.00	
STATE NY			Transaction ID : 3339055	
ZIP CODE 10021-5020			Occupation Cofounder	
C. FULL NAME Chouake, Ben, , ,			Name of Employer Self-Employed	
MAILING ADDRESS 245 Hutchinson Rd			Date (month, day, year) 06/05/2024	
CITY Englewood			Amount 3300.00	
STATE NJ			Transaction ID : 3339043	
ZIP CODE 07631-4406			Occupation Physician	
D. FULL NAME Chouake, Ben, , ,			Name of Employer Self-Employed	
MAILING ADDRESS 245 Hutchinson Rd			Date (month, day, year) 06/05/2024	
CITY Englewood			Amount 1850.00	
STATE NJ			Transaction ID : 3339058	
ZIP CODE 07631-4406			Occupation Physician	
E. FULL NAME Finkel, Mark, , ,			Name of Employer Yeshiva University	
MAILING ADDRESS 182 Hillside Ave			Date (month, day, year) 06/05/2024	
CITY Englewood			Amount 1000.00	
STATE NJ			Transaction ID : 3339045	
ZIP CODE 07631-3024			Occupation Professor	
SIGNATURE (optional) McCandlish, Thomas, W., ,			DATE 06/07/2024	
For further information, contact the Federal Election Commission 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.

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continuation page			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE Friedman, Allen, , , 315 Johnson Ave Teaneck NJ 07666-3105		Name of Employer JP Morgan Chase Transaction ID : 3339046 Occupation Attorney Date (month, day, year) 06/05/2024 Amount 2500.00	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Gontownik, Joseph, , , 9595 Collins Ave # N-909 Surfside FL 33154-2618		Name of Employer Self-Employed Transaction ID : 3339047 Occupation Realtor Date (month, day, year) 06/05/2024 Amount 1000.00	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Jacobs, Ben, , , 68 Franklin St Englewood NJ 07631-3616		Name of Employer Farmers Life Transaction ID : 3339048 Occupation Finance Date (month, day, year) 06/05/2024 Amount 2500.00	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Katz, Monique, , , 300 E Linden Ave Englewood NJ 07631-3719		Name of Employer Not Employed Transaction ID : 3339049 Occupation Retired Date (month, day, year) 06/05/2024 Amount 2500.00	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Kazmir, Abraham, , , 30 Caroline Ct Closter NJ 07624-2338		Name of Employer EMT Media Group Transaction ID : 3339050 Occupation Founder Date (month, day, year) 06/05/2024 Amount 2500.00	

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continuation page			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE Kramer, David, , , 236 Chestnut St Englewood NJ 07631-3134		Name of Employer Self-Employed Transaction ID : 3339051 Occupation Realtor	
		Date (month, day, year) 06/05/2024	
		Amount 1000.00	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	
		Date (month, day, year)	
		Amount	
		Occupation	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	
		Date (month, day, year)	
		Amount	
		Occupation	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	
		Date (month, day, year)	
		Amount	
		Occupation	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	
		Date (month, day, year)	
		Amount	
		Occupation	