

# 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>Squire Servance for Congress, Inc.                                                                                                   |  |                    |                                                             |                          |
| <b>ADDRESS</b> (number and street) 1032 15th Street, NW<br>Suite 247                                                                                                        |  |                    |                                                             |                          |
| <b>CITY</b><br>Washington                                                                                                                                                   |  | <b>STATE</b><br>DC |                                                             | <b>ZIP CODE</b><br>20005 |
| <b>2. NAME OF CANDIDATE</b><br>Squire, Servance, , ,                                                                                                                        |  |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House NJ 12 |                          |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00927996                                                                                                                            |  |                    |                                                             |                          |
| <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>Cook, Meredith, , ,                                                                                                                                  |  |                    | Name of Employer<br>ANI Pharmaceuticals                     |                          |
| <b>MAILING ADDRESS</b><br>16 Spruce Ln                                                                                                                                      |  |                    | Date (month, day, year)<br>05/28/2026                       |                          |
| <b>CITY</b><br>Princeton                                                                                                                                                    |  |                    | Amount<br>2000.00                                           |                          |
| <b>STATE</b><br>NJ                                                                                                                                                          |  |                    | <b>Transaction ID : 9223745</b>                             |                          |
| <b>ZIP CODE</b><br>08540-9584                                                                                                                                               |  |                    | Occupation<br>Attorney                                      |                          |
| <b>B. FULL NAME</b><br>Marshall, Tyhesha, , ,                                                                                                                               |  |                    | Name of Employer<br>Evotec US                               |                          |
| <b>MAILING ADDRESS</b><br>14 Gardengate Ct                                                                                                                                  |  |                    | Date (month, day, year)<br>05/28/2026                       |                          |
| <b>CITY</b><br>Columbus                                                                                                                                                     |  |                    | Amount<br>1000.00                                           |                          |
| <b>STATE</b><br>NJ                                                                                                                                                          |  |                    | <b>Transaction ID : 9223746</b>                             |                          |
| <b>ZIP CODE</b><br>08022-1971                                                                                                                                               |  |                    | Occupation<br>Attorney                                      |                          |
| <b>C. FULL NAME</b><br>Sanderson, Sean, , ,                                                                                                                                 |  |                    | Name of Employer<br>Clearway Pain Solutions                 |                          |
| <b>MAILING ADDRESS</b><br>2019 Basil Hall Ct                                                                                                                                |  |                    | Date (month, day, year)<br>05/28/2026                       |                          |
| <b>CITY</b><br>Gambrills                                                                                                                                                    |  |                    | Amount<br>2500.00                                           |                          |
| <b>STATE</b><br>MD                                                                                                                                                          |  |                    | <b>Transaction ID : 9223743</b>                             |                          |
| <b>ZIP CODE</b><br>21054-2147                                                                                                                                               |  |                    | Occupation<br>Physician                                     |                          |
| <b>D. FULL NAME</b><br>Teti, Carrie, , ,                                                                                                                                    |  |                    | Name of Employer<br>Eagle Cliff Real Estate Partners        |                          |
| <b>MAILING ADDRESS</b><br>74 Caldwell Dr                                                                                                                                    |  |                    | Date (month, day, year)<br>05/28/2026                       |                          |
| <b>CITY</b><br>Princeton                                                                                                                                                    |  |                    | Amount<br>2500.00                                           |                          |
| <b>STATE</b><br>NJ                                                                                                                                                          |  |                    | <b>Transaction ID : 9223744</b>                             |                          |
| <b>ZIP CODE</b><br>08540-2908                                                                                                                                               |  |                    | Occupation<br>Real Estate Investor                          |                          |
| <b>E. FULL NAME</b>                                                                                                                                                         |  |                    | Name of Employer                                            |                          |
| <b>MAILING ADDRESS</b>                                                                                                                                                      |  |                    | Date (month, day, year)                                     |                          |
| <b>CITY</b>                                                                                                                                                                 |  |                    | Amount                                                      |                          |
| <b>STATE</b>                                                                                                                                                                |  |                    |                                                             |                          |
| <b>ZIP CODE</b>                                                                                                                                                             |  |                    | Occupation                                                  |                          |
| <b>SIGNATURE (optional)</b><br>Kirton, Winston, , ,                                                                                                                         |  |                    | <b>DATE</b><br>05/29/2026                                   |                          |
| For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov                                                                       |  |                    |                                                             |                          |

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**FEC FORM 6**  
(Revised 03/2016)