

# 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>Cartwright for Congress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                             |                                             |                                                                                   |                                                                                                                                                                |  |                                             |                         |                                                            |                                                             |  |            |            |                           |                                 |                               |                                 |                               |                                 |  |  |            |  |
| <b>ADDRESS</b> (number and street) PO Box 414                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |                                                             |                                             |                                                                                   |                                                                                                                                                                |  |                                             |                         |                                                            |                                                             |  |            |            |                           |                                 |                               |                                 |                               |                                 |  |  |            |  |
| <b>CITY</b><br>Scranton                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>STATE</b><br>PA    | <b>ZIP CODE</b><br>18501                                    |                                             |                                                                                   |                                                                                                                                                                |  |                                             |                         |                                                            |                                                             |  |            |            |                           |                                 |                               |                                 |                               |                                 |  |  |            |  |
| <b>2. NAME OF CANDIDATE</b><br>Cartwright, Matthew, A., ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       | <b>3. OFFICE SOUGHT</b> (State and District)<br>House PA 08 |                                             |                                                                                   |                                                                                                                                                                |  |                                             |                         |                                                            |                                                             |  |            |            |                           |                                 |                               |                                 |                               |                                 |  |  |            |  |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00509968                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                             |                                             |                                                                                   |                                                                                                                                                                |  |                                             |                         |                                                            |                                                             |  |            |            |                           |                                 |                               |                                 |                               |                                 |  |  |            |  |
| <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 ____ / ____ / ____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |                                                             |                                             |                                                                                   |                                                                                                                                                                |  |                                             |                         |                                                            |                                                             |  |            |            |                           |                                 |                               |                                 |                               |                                 |  |  |            |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> <b>A. FULL NAME</b><br/>           Amazon Corporate LLC Separate Segregated Fund (Amazon PAC)         </td> <td style="padding: 5px;">           Name of Employer<br/>           Date (month, day, year)         </td> <td style="padding: 5px;">           Amount         </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <b>MAILING ADDRESS</b><br/>           601 New Jersey Ave NW<br/>           Ste 900         </td> <td style="padding: 5px;">           11/03/2022         </td> <td style="padding: 5px;">           1000.00         </td> </tr> <tr> <td style="padding: 5px;"> <b>CITY</b><br/>           Washington         </td> <td style="padding: 5px;"> <b>STATE</b><br/>           DC         </td> <td style="padding: 5px;"> <b>ZIP CODE</b><br/>           20001-2027         </td> <td colspan="2" style="padding: 5px;"> <b>Transaction ID : 6820538</b> </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <b>Occupation</b><br/>           Occupation         </td> <td colspan="2" style="padding: 5px;">           Occupation         </td> </tr> </table> |                       |                                                             |                                             | <b>A. FULL NAME</b><br>Amazon Corporate LLC Separate Segregated Fund (Amazon PAC) |                                                                                                                                                                |  | Name of Employer<br>Date (month, day, year) | Amount                  | <b>MAILING ADDRESS</b><br>601 New Jersey Ave NW<br>Ste 900 |                                                             |  | 11/03/2022 | 1000.00    | <b>CITY</b><br>Washington | <b>STATE</b><br>DC              | <b>ZIP CODE</b><br>20001-2027 | <b>Transaction ID : 6820538</b> |                               | <b>Occupation</b><br>Occupation |  |  | Occupation |  |
| <b>A. FULL NAME</b><br>Amazon Corporate LLC Separate Segregated Fund (Amazon PAC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |                                                             | Name of Employer<br>Date (month, day, year) | Amount                                                                            |                                                                                                                                                                |  |                                             |                         |                                                            |                                                             |  |            |            |                           |                                 |                               |                                 |                               |                                 |  |  |            |  |
| <b>MAILING ADDRESS</b><br>601 New Jersey Ave NW<br>Ste 900                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |                                                             | 11/03/2022                                  | 1000.00                                                                           |                                                                                                                                                                |  |                                             |                         |                                                            |                                                             |  |            |            |                           |                                 |                               |                                 |                               |                                 |  |  |            |  |
| <b>CITY</b><br>Washington                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>STATE</b><br>DC    | <b>ZIP CODE</b><br>20001-2027                               | <b>Transaction ID : 6820538</b>             |                                                                                   |                                                                                                                                                                |  |                                             |                         |                                                            |                                                             |  |            |            |                           |                                 |                               |                                 |                               |                                 |  |  |            |  |
| <b>Occupation</b><br>Occupation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                                                             | Occupation                                  |                                                                                   |                                                                                                                                                                |  |                                             |                         |                                                            |                                                             |  |            |            |                           |                                 |                               |                                 |                               |                                 |  |  |            |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> <b>B. FULL NAME</b><br/>           Casey, Stephen, , ,         </td> <td style="padding: 5px;">           Name of Employer<br/>           Not Employed         </td> <td style="padding: 5px;">           Date (month, day, year)         </td> <td style="padding: 5px;">           Amount         </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <b>MAILING ADDRESS</b><br/>           900 Old Lexington Ave<br/>           Unit 527         </td> <td style="padding: 5px;">           11/03/2022         </td> <td style="padding: 5px;">           1000.00         </td> <td style="padding: 5px;"> <b>Transaction ID : 6820536</b> </td> </tr> <tr> <td style="padding: 5px;"> <b>CITY</b><br/>           Saint Paul         </td> <td style="padding: 5px;"> <b>STATE</b><br/>           MN         </td> <td style="padding: 5px;"> <b>ZIP CODE</b><br/>           55116-4413         </td> <td colspan="3" style="padding: 5px;"> <b>Occupation</b><br/>           Occupation         </td> </tr> </table>                                                                        |                       |                                                             |                                             | <b>B. FULL NAME</b><br>Casey, Stephen, , ,                                        |                                                                                                                                                                |  | Name of Employer<br>Not Employed            | Date (month, day, year) | Amount                                                     | <b>MAILING ADDRESS</b><br>900 Old Lexington Ave<br>Unit 527 |  |            | 11/03/2022 | 1000.00                   | <b>Transaction ID : 6820536</b> | <b>CITY</b><br>Saint Paul     | <b>STATE</b><br>MN              | <b>ZIP CODE</b><br>55116-4413 | <b>Occupation</b><br>Occupation |  |  |            |  |
| <b>B. FULL NAME</b><br>Casey, Stephen, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |                                                             | Name of Employer<br>Not Employed            | Date (month, day, year)                                                           | Amount                                                                                                                                                         |  |                                             |                         |                                                            |                                                             |  |            |            |                           |                                 |                               |                                 |                               |                                 |  |  |            |  |
| <b>MAILING ADDRESS</b><br>900 Old Lexington Ave<br>Unit 527                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |                                                             | 11/03/2022                                  | 1000.00                                                                           | <b>Transaction ID : 6820536</b>                                                                                                                                |  |                                             |                         |                                                            |                                                             |  |            |            |                           |                                 |                               |                                 |                               |                                 |  |  |            |  |
| <b>CITY</b><br>Saint Paul                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>STATE</b><br>MN    | <b>ZIP CODE</b><br>55116-4413                               | <b>Occupation</b><br>Occupation             |                                                                                   |                                                                                                                                                                |  |                                             |                         |                                                            |                                                             |  |            |            |                           |                                 |                               |                                 |                               |                                 |  |  |            |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> <b>C. FULL NAME</b><br/>           Romanucci, Antonio, M., , Esq.         </td> <td style="padding: 5px;">           Name of Employer<br/>           Romanucci &amp; Blandin         </td> <td style="padding: 5px;">           Date (month, day, year)         </td> <td style="padding: 5px;">           Amount         </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <b>MAILING ADDRESS</b><br/>           450 W Superior St         </td> <td style="padding: 5px;">           11/03/2022         </td> <td style="padding: 5px;">           1000.00         </td> <td style="padding: 5px;"> <b>Transaction ID : 6820535</b> </td> </tr> <tr> <td style="padding: 5px;"> <b>CITY</b><br/>           Chicago         </td> <td style="padding: 5px;"> <b>STATE</b><br/>           IL         </td> <td style="padding: 5px;"> <b>ZIP CODE</b><br/>           60654-3497         </td> <td colspan="3" style="padding: 5px;"> <b>Occupation</b><br/>           Attorney         </td> </tr> </table>                                                                                   |                       |                                                             |                                             | <b>C. FULL NAME</b><br>Romanucci, Antonio, M., , Esq.                             |                                                                                                                                                                |  | Name of Employer<br>Romanucci & Blandin     | Date (month, day, year) | Amount                                                     | <b>MAILING ADDRESS</b><br>450 W Superior St                 |  |            | 11/03/2022 | 1000.00                   | <b>Transaction ID : 6820535</b> | <b>CITY</b><br>Chicago        | <b>STATE</b><br>IL              | <b>ZIP CODE</b><br>60654-3497 | <b>Occupation</b><br>Attorney   |  |  |            |  |
| <b>C. FULL NAME</b><br>Romanucci, Antonio, M., , Esq.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |                                                             | Name of Employer<br>Romanucci & Blandin     | Date (month, day, year)                                                           | Amount                                                                                                                                                         |  |                                             |                         |                                                            |                                                             |  |            |            |                           |                                 |                               |                                 |                               |                                 |  |  |            |  |
| <b>MAILING ADDRESS</b><br>450 W Superior St                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |                                                             | 11/03/2022                                  | 1000.00                                                                           | <b>Transaction ID : 6820535</b>                                                                                                                                |  |                                             |                         |                                                            |                                                             |  |            |            |                           |                                 |                               |                                 |                               |                                 |  |  |            |  |
| <b>CITY</b><br>Chicago                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>STATE</b><br>IL    | <b>ZIP CODE</b><br>60654-3497                               | <b>Occupation</b><br>Attorney               |                                                                                   |                                                                                                                                                                |  |                                             |                         |                                                            |                                                             |  |            |            |                           |                                 |                               |                                 |                               |                                 |  |  |            |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> <b>D. FULL NAME</b><br/>           Swartz, Lee, , , Esq.         </td> <td style="padding: 5px;">           Name of Employer<br/>           Tucker Arensberg         </td> <td style="padding: 5px;">           Date (month, day, year)         </td> <td style="padding: 5px;">           Amount         </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <b>MAILING ADDRESS</b><br/>           2 Lemoyne Dr         </td> <td style="padding: 5px;">           11/03/2022         </td> <td style="padding: 5px;">           1000.00         </td> <td style="padding: 5px;"> <b>Transaction ID : 6820537</b> </td> </tr> <tr> <td style="padding: 5px;"> <b>CITY</b><br/>           Lemoyne         </td> <td style="padding: 5px;"> <b>STATE</b><br/>           PA         </td> <td style="padding: 5px;"> <b>ZIP CODE</b><br/>           17043-1222         </td> <td colspan="3" style="padding: 5px;"> <b>Occupation</b><br/>           Attorney         </td> </tr> </table>                                                                                                        |                       |                                                             |                                             | <b>D. FULL NAME</b><br>Swartz, Lee, , , Esq.                                      |                                                                                                                                                                |  | Name of Employer<br>Tucker Arensberg        | Date (month, day, year) | Amount                                                     | <b>MAILING ADDRESS</b><br>2 Lemoyne Dr                      |  |            | 11/03/2022 | 1000.00                   | <b>Transaction ID : 6820537</b> | <b>CITY</b><br>Lemoyne        | <b>STATE</b><br>PA              | <b>ZIP CODE</b><br>17043-1222 | <b>Occupation</b><br>Attorney   |  |  |            |  |
| <b>D. FULL NAME</b><br>Swartz, Lee, , , Esq.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       |                                                             | Name of Employer<br>Tucker Arensberg        | Date (month, day, year)                                                           | Amount                                                                                                                                                         |  |                                             |                         |                                                            |                                                             |  |            |            |                           |                                 |                               |                                 |                               |                                 |  |  |            |  |
| <b>MAILING ADDRESS</b><br>2 Lemoyne Dr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       |                                                             | 11/03/2022                                  | 1000.00                                                                           | <b>Transaction ID : 6820537</b>                                                                                                                                |  |                                             |                         |                                                            |                                                             |  |            |            |                           |                                 |                               |                                 |                               |                                 |  |  |            |  |
| <b>CITY</b><br>Lemoyne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>STATE</b><br>PA    | <b>ZIP CODE</b><br>17043-1222                               | <b>Occupation</b><br>Attorney               |                                                                                   |                                                                                                                                                                |  |                                             |                         |                                                            |                                                             |  |            |            |                           |                                 |                               |                                 |                               |                                 |  |  |            |  |
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| <b>E. FULL NAME</b><br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       |                                                             | Name of Employer                            | Date (month, day, year)                                                           | Amount                                                                                                                                                         |  |                                             |                         |                                                            |                                                             |  |            |            |                           |                                 |                               |                                 |                               |                                 |  |  |            |  |
| <b>MAILING ADDRESS</b><br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                                                             | _____                                       |                                                                                   |                                                                                                                                                                |  |                                             |                         |                                                            |                                                             |  |            |            |                           |                                 |                               |                                 |                               |                                 |  |  |            |  |
| <b>CITY</b><br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>STATE</b><br>_____ | <b>ZIP CODE</b><br>_____                                    | <b>Occupation</b><br>_____                  |                                                                                   |                                                                                                                                                                |  |                                             |                         |                                                            |                                                             |  |            |            |                           |                                 |                               |                                 |                               |                                 |  |  |            |  |
| <b>SIGNATURE (optional)</b><br>Gerrity, Dan, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                             | <b>DATE</b><br>11/05/2022                   |                                                                                   | <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 |  |                                             |                         |                                                            |                                                             |  |            |            |                           |                                 |                               |                                 |                               |                                 |  |  |            |  |
| <b>[Electronically Filed]</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |                                                             |                                             |                                                                                   |                                                                                                                                                                |  |                                             |                         |                                                            |                                                             |  |            |            |                           |                                 |                               |                                 |                               |                                 |  |  |            |  |

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