

# 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>Way for Congress                                                                                                                     |                    |                               |                                                             |                           |                                                                                                             |  |
| <b>ADDRESS</b> (number and street) P.O. Box 2024                                                                                                                            |                    |                               |                                                             |                           |                                                                                                             |  |
| <b>CITY</b><br>Wayne                                                                                                                                                        |                    | <b>STATE</b><br>NJ            |                                                             | <b>ZIP CODE</b><br>07470  |                                                                                                             |  |
| <b>2. NAME OF CANDIDATE</b><br>Way, Tahesha, , ,                                                                                                                            |                    |                               | <b>3. OFFICE SOUGHT</b> (State and District)<br>House NJ 11 |                           | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00928804                                                            |  |
| <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>Blecher, Shari, , ,                                                                                                                                  |                    |                               | Name of Employer<br>Lieberman Blecher & Sinkevich           |                           | Date (month, day, year)<br>01/20/2026                                                                       |  |
| <b>MAILING ADDRESS</b><br>12 Battle Rd                                                                                                                                      |                    |                               | <b>Transaction ID : 6454600</b>                             |                           | Amount<br>3500.00                                                                                           |  |
| <b>CITY</b><br>Princeton                                                                                                                                                    | <b>STATE</b><br>NJ | <b>ZIP CODE</b><br>08540-4902 | Occupation<br>Attorney                                      |                           |                                                                                                             |  |
| <b>B. FULL NAME</b><br>Kaplan, Morris, , ,                                                                                                                                  |                    |                               | Name of Employer<br>Not Employed                            |                           | Date (month, day, year)<br>01/20/2026                                                                       |  |
| <b>MAILING ADDRESS</b><br>PO Box 1660                                                                                                                                       |                    |                               | <b>Transaction ID : 6454610</b>                             |                           | Amount<br>2000.00                                                                                           |  |
| <b>CITY</b><br>Newtown                                                                                                                                                      | <b>STATE</b><br>PA | <b>ZIP CODE</b><br>18940-0921 | Occupation<br>Retired                                       |                           |                                                                                                             |  |
| <b>C. FULL NAME</b><br>Katz, Avi, , ,                                                                                                                                       |                    |                               | Name of Employer<br>Agam Capital                            |                           | Date (month, day, year)<br>01/20/2026                                                                       |  |
| <b>MAILING ADDRESS</b><br>553 Winthrop Rd                                                                                                                                   |                    |                               | <b>Transaction ID : 6454620</b>                             |                           | Amount<br>2000.00                                                                                           |  |
| <b>CITY</b><br>Teaneck                                                                                                                                                      | <b>STATE</b><br>NJ | <b>ZIP CODE</b><br>07666-2970 | Occupation<br>Finance                                       |                           |                                                                                                             |  |
| <b>D. FULL NAME</b><br>Copeland, Scott, , ,                                                                                                                                 |                    |                               | Name of Employer<br>RST Development, LLC                    |                           | Date (month, day, year)<br>01/20/2026                                                                       |  |
| <b>MAILING ADDRESS</b><br>6200 Poindexter Ln                                                                                                                                |                    |                               | <b>Transaction ID : 6454630</b>                             |                           | Amount<br>1000.00                                                                                           |  |
| <b>CITY</b><br>Rockville                                                                                                                                                    | <b>STATE</b><br>MD | <b>ZIP CODE</b><br>20852-3643 | Occupation<br>Real Estate Executive                         |                           |                                                                                                             |  |
| <b>E. FULL NAME</b><br>Blank, George, , ,                                                                                                                                   |                    |                               | Name of Employer<br>Not Employed                            |                           | Date (month, day, year)<br>01/20/2026                                                                       |  |
| <b>MAILING ADDRESS</b><br>148 A Old York Rd                                                                                                                                 |                    |                               | <b>Transaction ID : 6454640</b>                             |                           | Amount<br>1000.00                                                                                           |  |
| <b>CITY</b><br>New Hope                                                                                                                                                     | <b>STATE</b><br>PA | <b>ZIP CODE</b><br>18938-1409 | Occupation<br>Retired                                       |                           |                                                                                                             |  |
| <b>SIGNATURE (optional)</b><br>Montoya, Dacey, , ,                                                                                                                          |                    |                               |                                                             | <b>DATE</b><br>01/22/2026 | 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)

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

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|                                                                                                                                                                         |  |                                                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------|--|
| 1. NAME OF COMMITTEE IN FULL<br>Way for Congress                                                                                                                        |  |                                                                                            |  |
| ADDRESS (number and street) P.O. Box 2024                                                                                                                               |  |                                                                                            |  |
| CITY, STATE, and ZIP CODE<br>Wayne NJ 07470                                                                                                                             |  |                                                                                            |  |
| 2. NAME OF CANDIDATE<br>Way, Tahesha, , ,                                                                                                                               |  | 3. OFFICE SOUGHT (State and District)<br>House NJ 11                                       |  |
| 4. FEC IDENTIFICATION NUMBER<br>C00928804                                                                                                                               |  |                                                                                            |  |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |  |                                                                                            |  |
| continuation page                                                                                                                                                       |  |                                                                                            |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Horan, Gerilyn, , ,<br>64 Lake Dr<br>Mountain Lakes NJ 07046-1341                                                         |  | Name of Employer<br>Hilton<br>Transaction ID : 6440660<br>Occupation<br>Vice President     |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Weiner, David, , ,<br>3250 Club Dr<br>Los Angeles CA 90064-4812                                                           |  | Date (month, day, year)<br>01/20/2026<br>Amount<br>1500.00                                 |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Goldschmiedt, Philip, , ,<br>686 Downing St<br>Teaneck NJ 07666-2218                                                      |  | Name of Employer<br>JS Held<br>Transaction ID : 6454601<br>Occupation<br>Economist         |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Sinensky, Arthur, , ,<br>1500 Palisade Ave<br>Fort Lee NJ 07024-5337                                                      |  | Date (month, day, year)<br>01/20/2026<br>Amount<br>3500.00                                 |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Sandler, Richard, , ,<br>1250 4Th St<br>Santa Monica CA 90401-1366                                                        |  | Name of Employer<br>Not Employed<br>Transaction ID : 6454611<br>Occupation<br>Retired      |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>01/20/2026<br>Amount<br>2000.00                                 |  |
|                                                                                                                                                                         |  | Name of Employer<br>Maron And Sandler<br>Transaction ID : 6454621<br>Occupation<br>Retired |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>01/20/2026<br>Amount<br>1800.00                                 |  |
|                                                                                                                                                                         |  | Name of Employer<br>Not Employed<br>Transaction ID : 6454631<br>Occupation<br>Attorney     |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>01/20/2026<br>Amount<br>1000.00                                 |  |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------|--|
| 1. NAME OF COMMITTEE IN FULL<br>Way for Congress                                                                                                                        |  |                                                                                                       |  |
| ADDRESS (number and street) P.O. Box 2024                                                                                                                               |  |                                                                                                       |  |
| CITY, STATE, and ZIP CODE<br>Wayne NJ 07470                                                                                                                             |  |                                                                                                       |  |
| 2. NAME OF CANDIDATE<br>Way, Tahesha, , ,                                                                                                                               |  | 3. OFFICE SOUGHT (State and District)<br>House NJ 11                                                  |  |
| 4. FEC IDENTIFICATION NUMBER<br>C00928804                                                                                                                               |  |                                                                                                       |  |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |  |                                                                                                       |  |
| continuation page                                                                                                                                                       |  |                                                                                                       |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Hanerfeld, Harvey, , ,<br>7100 Orkney Pkwy<br>Bethesda MD 20817-4918                                                      |  | Name of Employer<br>Not Employed<br>Transaction ID : 6454641<br>Occupation<br>Retired                 |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Silverman, Paul, , ,<br>201 Montgomery St<br>Jersey City NJ 07302-5051                                                    |  | Name of Employer<br>Self Employed<br>Transaction ID : 6477591<br>Occupation<br>Real Estate            |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Goodman, Robert, , ,<br>1500 Palisade Ave<br>Apt 5D<br>Fort Lee NJ 07024-5322                                             |  | Name of Employer<br>New Jersey Brain And Spine<br>Transaction ID : 6454602<br>Occupation<br>Physician |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Shlachter, Robert, , ,<br>4431 SW Eleanor Ln<br>Portland OR 97221-1272                                                    |  | Name of Employer<br>Self Employed<br>Transaction ID : 6454612<br>Occupation<br>Mediator/Arbirator     |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Hammel, Vic, , ,<br>1312 Parkside Dr S<br>Wyomissing PA 19610-2534                                                        |  | Name of Employer<br>Not Employed<br>Transaction ID : 6454622<br>Occupation<br>Retired                 |  |
|                                                                                                                                                                         |  | Date (month, day, year)                                                                               |  |
|                                                                                                                                                                         |  | Amount                                                                                                |  |

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|                                                                                                                                                                         |  |                                                                                                         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------|--|
| 1. NAME OF COMMITTEE IN FULL<br>Way for Congress                                                                                                                        |  |                                                                                                         |  |
| ADDRESS (number and street) P.O. Box 2024                                                                                                                               |  |                                                                                                         |  |
| CITY, STATE, and ZIP CODE<br>Wayne NJ 07470                                                                                                                             |  |                                                                                                         |  |
| 2. NAME OF CANDIDATE<br>Way, Tahesha, , ,                                                                                                                               |  | 3. OFFICE SOUGHT (State and District)<br>House NJ 11                                                    |  |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00928804                                                               |  |
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| continuation page                                                                                                                                                       |  |                                                                                                         |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Fischmann, Roberto, , ,<br>3003 W Turner St<br>Allentown PA 18104-5331                                                    |  | Name of Employer<br>Not Employed<br>Transaction ID : 6454633<br>Occupation<br>Retired                   |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>01/20/2026                                                                   |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                       |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Kanstoroom, David, , ,<br>10702 Cloverbrooke Dr<br>Potomac MD 20854-6371                                                  |  | Name of Employer<br>Self Employed<br>Transaction ID : 6454643<br>Occupation<br>Attorney                 |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>01/20/2026                                                                   |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                       |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Lindenbaum, Nathan, , ,<br>464 Winthrop Rd<br>Teaneck NJ 07666-2911                                                       |  | Name of Employer<br>MGS Corp.<br>Transaction ID : 6454604<br>Occupation<br>Propane Marketer             |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>01/20/2026                                                                   |  |
|                                                                                                                                                                         |  | Amount<br>3500.00                                                                                       |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Gross, Mindy, , ,<br>631 Chevy Chase Cir<br>Sugar Land TX 77478-3601                                                      |  | Name of Employer<br>Not Employed<br>Transaction ID : 6454614<br>Occupation<br>Retired                   |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>01/20/2026                                                                   |  |
|                                                                                                                                                                         |  | Amount<br>2000.00                                                                                       |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Pittman, Robert, , ,<br>211 Fairmount Ave<br>Glen Rock NJ 07452-3608                                                      |  | Name of Employer<br>Premier Medical Alliance LLC<br>Transaction ID : 6454624<br>Occupation<br>Physician |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>01/20/2026                                                                   |  |
|                                                                                                                                                                         |  | Amount<br>1500.00                                                                                       |  |

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|                                                                                                                                                                         |  |                                                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------|--|
| 1. NAME OF COMMITTEE IN FULL<br>Way for Congress                                                                                                                        |  |                                                                                            |  |
| ADDRESS (number and street) P.O. Box 2024                                                                                                                               |  |                                                                                            |  |
| CITY, STATE, and ZIP CODE<br>Wayne NJ 07470                                                                                                                             |  |                                                                                            |  |
| 2. NAME OF CANDIDATE<br>Way, Tahesha, , ,                                                                                                                               |  | 3. OFFICE SOUGHT (State and District)<br>House NJ 11                                       |  |
| 4. FEC IDENTIFICATION NUMBER<br>C00928804                                                                                                                               |  |                                                                                            |  |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |  |                                                                                            |  |
| continuation page                                                                                                                                                       |  |                                                                                            |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                            |  |
| Needle, Michael, , ,<br>20 Berkeley St<br>Melrose MA 02176-5504                                                                                                         |  | Name of Employer<br>Not Employed<br>Transaction ID : 6454634<br>Occupation<br>Retired      |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>01/20/2026                                                      |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                          |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                            |  |
| Kreditor, Mark, , ,<br>12124 Madeleine Cir<br>Dallas TX 75230-2255                                                                                                      |  | Name of Employer<br>Not Employed<br>Transaction ID : 6454644<br>Occupation<br>Retired      |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>01/20/2026                                                      |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                          |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                            |  |
| Lopata, Benjamin, , ,<br>237 Barrett Rd<br>Lawrence NY 11559-2024                                                                                                       |  | Name of Employer<br>Not Employed<br>Transaction ID : 6454594<br>Occupation<br>Retired      |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>01/20/2026                                                      |  |
|                                                                                                                                                                         |  | Amount<br>3500.00                                                                          |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                            |  |
| Lindenbaum, Shari, , ,<br>464 Winthrop Rd<br>Teaneck NJ 07666-2911                                                                                                      |  | Name of Employer<br>Not Employed<br>Transaction ID : 6454605<br>Occupation<br>Homemaker    |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>01/20/2026                                                      |  |
|                                                                                                                                                                         |  | Amount<br>3500.00                                                                          |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                            |  |
| Genet, Benjamin, , ,<br>3870 N 40Th Ave<br>Hollywood FL 33021-1861                                                                                                      |  | Name of Employer<br>Self Employed<br>Transaction ID : 6454615<br>Occupation<br>Real Estate |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>01/20/2026                                                      |  |
|                                                                                                                                                                         |  | Amount<br>2000.00                                                                          |  |

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| 1. NAME OF COMMITTEE IN FULL<br>Way for Congress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     | continuation page                         |                       |                                                                                                                                   |                                                                                             |                                           |                       |                                                                                                                                 |                                                                                           |                                           |                       |                                                                                                                                   |                                                                                             |                                           |                       |                                                                                                                                   |                                                                                                     |                                           |                       |                                                                                                                              |                                                                                           |                                           |                       |
| ADDRESS (number and street) P.O. Box 2024                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                     |                                           |                       |                                                                                                                                   |                                                                                             |                                           |                       |                                                                                                                                 |                                                                                           |                                           |                       |                                                                                                                                   |                                                                                             |                                           |                       |                                                                                                                                   |                                                                                                     |                                           |                       |                                                                                                                              |                                                                                           |                                           |                       |
| CITY, STATE, and ZIP CODE<br>Wayne NJ 07470                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                           |                       |                                                                                                                                   |                                                                                             |                                           |                       |                                                                                                                                 |                                                                                           |                                           |                       |                                                                                                                                   |                                                                                             |                                           |                       |                                                                                                                                   |                                                                                                     |                                           |                       |                                                                                                                              |                                                                                           |                                           |                       |
| 2. NAME OF CANDIDATE<br>Way, Tahesha, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3. OFFICE SOUGHT (State and District)<br>House NJ 11                                                | 4. FEC IDENTIFICATION NUMBER<br>C00928804 |                       |                                                                                                                                   |                                                                                             |                                           |                       |                                                                                                                                 |                                                                                           |                                           |                       |                                                                                                                                   |                                                                                             |                                           |                       |                                                                                                                                   |                                                                                                     |                                           |                       |                                                                                                                              |                                                                                           |                                           |                       |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     |                                           |                       |                                                                                                                                   |                                                                                             |                                           |                       |                                                                                                                                 |                                                                                           |                                           |                       |                                                                                                                                   |                                                                                             |                                           |                       |                                                                                                                                   |                                                                                                     |                                           |                       |                                                                                                                              |                                                                                           |                                           |                       |
| <table><tr><td>A. FULL NAME, MAILING ADDRESS AND ZIP CODE<br/><br/>Klein, Miriam, , ,<br/><br/>3029 NE 188Th St<br/>Apt 321<br/>Aventura FL 33180-2991</td><td>Name of Employer<br/>HCA<br/><br/>Transaction ID : 6454625<br/>Occupation<br/>Physical Therapist</td><td>Date (month, day, year)<br/><br/>01/20/2026</td><td>Amount<br/><br/>1500.00</td></tr><tr><td>B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br/><br/>Bochner, Cliff, , ,<br/><br/>615 Foothill Rd<br/><br/>Beverly Hills CA 90210-3403</td><td>Name of Employer<br/>Not Employed<br/><br/>Transaction ID : 6454635<br/>Occupation<br/>Retired</td><td>Date (month, day, year)<br/><br/>01/20/2026</td><td>Amount<br/><br/>1000.00</td></tr><tr><td>C. FULL NAME, MAILING ADDRESS AND ZIP CODE<br/><br/>Schwartz, Stuart, , ,<br/><br/>1025 Singing Hills Dr<br/><br/>El Paso TX 79912-3405</td><td>Name of Employer<br/>ScottHulse PC<br/><br/>Transaction ID : 6454645<br/>Occupation<br/>Attorney</td><td>Date (month, day, year)<br/><br/>01/20/2026</td><td>Amount<br/><br/>1000.00</td></tr><tr><td>D. FULL NAME, MAILING ADDRESS AND ZIP CODE<br/><br/>Buery, Richard, , ,<br/><br/>28 W Houston St<br/>Apt 15B<br/>New York NY 10012-1646</td><td>Name of Employer<br/>Robin Hood<br/><br/>Transaction ID : 6457775<br/>Occupation<br/>Nonprofit Executive</td><td>Date (month, day, year)<br/><br/>01/20/2026</td><td>Amount<br/><br/>1000.00</td></tr><tr><td>E. FULL NAME, MAILING ADDRESS AND ZIP CODE<br/><br/>Gill, Lawrence, , ,<br/><br/>9306 Bolton Rd<br/><br/>Los Angeles CA 90034-1010</td><td>Name of Employer<br/>Not Employed<br/><br/>Transaction ID : 6454595<br/>Occupation<br/>Retired</td><td>Date (month, day, year)<br/><br/>01/20/2026</td><td>Amount<br/><br/>3500.00</td></tr></table> |                                                                                                     |                                           |                       | A. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>Klein, Miriam, , ,<br><br>3029 NE 188Th St<br>Apt 321<br>Aventura FL 33180-2991 | Name of Employer<br>HCA<br><br>Transaction ID : 6454625<br>Occupation<br>Physical Therapist | Date (month, day, year)<br><br>01/20/2026 | Amount<br><br>1500.00 | B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>Bochner, Cliff, , ,<br><br>615 Foothill Rd<br><br>Beverly Hills CA 90210-3403 | Name of Employer<br>Not Employed<br><br>Transaction ID : 6454635<br>Occupation<br>Retired | Date (month, day, year)<br><br>01/20/2026 | Amount<br><br>1000.00 | C. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>Schwartz, Stuart, , ,<br><br>1025 Singing Hills Dr<br><br>El Paso TX 79912-3405 | Name of Employer<br>ScottHulse PC<br><br>Transaction ID : 6454645<br>Occupation<br>Attorney | Date (month, day, year)<br><br>01/20/2026 | Amount<br><br>1000.00 | D. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>Buery, Richard, , ,<br><br>28 W Houston St<br>Apt 15B<br>New York NY 10012-1646 | Name of Employer<br>Robin Hood<br><br>Transaction ID : 6457775<br>Occupation<br>Nonprofit Executive | Date (month, day, year)<br><br>01/20/2026 | Amount<br><br>1000.00 | E. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>Gill, Lawrence, , ,<br><br>9306 Bolton Rd<br><br>Los Angeles CA 90034-1010 | Name of Employer<br>Not Employed<br><br>Transaction ID : 6454595<br>Occupation<br>Retired | Date (month, day, year)<br><br>01/20/2026 | Amount<br><br>3500.00 |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>Klein, Miriam, , ,<br><br>3029 NE 188Th St<br>Apt 321<br>Aventura FL 33180-2991                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Name of Employer<br>HCA<br><br>Transaction ID : 6454625<br>Occupation<br>Physical Therapist         | Date (month, day, year)<br><br>01/20/2026 | Amount<br><br>1500.00 |                                                                                                                                   |                                                                                             |                                           |                       |                                                                                                                                 |                                                                                           |                                           |                       |                                                                                                                                   |                                                                                             |                                           |                       |                                                                                                                                   |                                                                                                     |                                           |                       |                                                                                                                              |                                                                                           |                                           |                       |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>Bochner, Cliff, , ,<br><br>615 Foothill Rd<br><br>Beverly Hills CA 90210-3403                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Name of Employer<br>Not Employed<br><br>Transaction ID : 6454635<br>Occupation<br>Retired           | Date (month, day, year)<br><br>01/20/2026 | Amount<br><br>1000.00 |                                                                                                                                   |                                                                                             |                                           |                       |                                                                                                                                 |                                                                                           |                                           |                       |                                                                                                                                   |                                                                                             |                                           |                       |                                                                                                                                   |                                                                                                     |                                           |                       |                                                                                                                              |                                                                                           |                                           |                       |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>Schwartz, Stuart, , ,<br><br>1025 Singing Hills Dr<br><br>El Paso TX 79912-3405                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Name of Employer<br>ScottHulse PC<br><br>Transaction ID : 6454645<br>Occupation<br>Attorney         | Date (month, day, year)<br><br>01/20/2026 | Amount<br><br>1000.00 |                                                                                                                                   |                                                                                             |                                           |                       |                                                                                                                                 |                                                                                           |                                           |                       |                                                                                                                                   |                                                                                             |                                           |                       |                                                                                                                                   |                                                                                                     |                                           |                       |                                                                                                                              |                                                                                           |                                           |                       |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>Buery, Richard, , ,<br><br>28 W Houston St<br>Apt 15B<br>New York NY 10012-1646                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Name of Employer<br>Robin Hood<br><br>Transaction ID : 6457775<br>Occupation<br>Nonprofit Executive | Date (month, day, year)<br><br>01/20/2026 | Amount<br><br>1000.00 |                                                                                                                                   |                                                                                             |                                           |                       |                                                                                                                                 |                                                                                           |                                           |                       |                                                                                                                                   |                                                                                             |                                           |                       |                                                                                                                                   |                                                                                                     |                                           |                       |                                                                                                                              |                                                                                           |                                           |                       |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>Gill, Lawrence, , ,<br><br>9306 Bolton Rd<br><br>Los Angeles CA 90034-1010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Name of Employer<br>Not Employed<br><br>Transaction ID : 6454595<br>Occupation<br>Retired           | Date (month, day, year)<br><br>01/20/2026 | Amount<br><br>3500.00 |                                                                                                                                   |                                                                                             |                                           |                       |                                                                                                                                 |                                                                                           |                                           |                       |                                                                                                                                   |                                                                                             |                                           |                       |                                                                                                                                   |                                                                                                     |                                           |                       |                                                                                                                              |                                                                                           |                                           |                       |

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<br>Way for Congress                                                                                                                        |  |                                                                                                      |  |
| ADDRESS (number and street) P.O. Box 2024                                                                                                                               |  |                                                                                                      |  |
| CITY, STATE, and ZIP CODE<br>Wayne NJ 07470                                                                                                                             |  |                                                                                                      |  |
| 2. NAME OF CANDIDATE<br>Way, Tahesha, , ,                                                                                                                               |  | 3. OFFICE SOUGHT (State and District)<br>House NJ 11                                                 |  |
| 4. FEC IDENTIFICATION NUMBER<br>C00928804                                                                                                                               |  |                                                                                                      |  |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |  |                                                                                                      |  |
| continuation page                                                                                                                                                       |  |                                                                                                      |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Dennis, Marvin Stephen, , ,<br>289 Brookside Ave<br>Cresskill NJ 07626-1101                                               |  | Name of Employer<br>Not Employed<br>Transaction ID : 6454606<br>Occupation<br>Retired                |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Plummer, Braxton, , ,<br>15 Blackstone Dr<br>Livingston NJ 07039-1823                                                     |  | Date (month, day, year)<br>01/20/2026<br>Amount<br>3000.00                                           |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Glass, Irv, , ,<br>269 Cedar Ct<br>Wyckoff NJ 07481-2623                                                                  |  | Name of Employer<br>Cozen O'Connor<br>Transaction ID : 6444816<br>Occupation<br>Public Affairs       |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Tauber, Kenneth, , ,<br>94 Dwight Pl<br>Englewood NJ 07631-3606                                                           |  | Date (month, day, year)<br>01/20/2026<br>Amount<br>2000.00                                           |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Israel, Mark, , ,<br>728 Kiwi Cir<br>Winter Park FL 32789-3223                                                            |  | Name of Employer<br>Glass Gardens Inc.<br>Transaction ID : 6454616<br>Occupation<br>Corp Officer     |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>01/20/2026<br>Amount<br>1100.00                                           |  |
|                                                                                                                                                                         |  | Name of Employer<br>UES Professional Solutions<br>Transaction ID : 6454636<br>Occupation<br>Engineer |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>01/20/2026<br>Amount<br>1000.00                                           |  |

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

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|                                                                                                                                                                         |  |                                                                                                |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------|---------|
| 1. NAME OF COMMITTEE IN FULL<br>Way for Congress                                                                                                                        |  |                                                                                                |         |
| ADDRESS (number and street) P.O. Box 2024                                                                                                                               |  |                                                                                                |         |
| CITY, STATE, and ZIP CODE<br>Wayne NJ 07470                                                                                                                             |  |                                                                                                |         |
| 2. NAME OF CANDIDATE<br>Way, Tahesha, , ,                                                                                                                               |  | 3. OFFICE SOUGHT (State and District)<br>House NJ 11                                           |         |
| 4. FEC IDENTIFICATION NUMBER<br>C00928804                                                                                                                               |  |                                                                                                |         |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |  |                                                                                                |         |
| continuation page                                                                                                                                                       |  |                                                                                                |         |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Brown, Dana, , ,<br>5802 Windsor Ter<br>Boca Raton FL 33496-2758                                                          |  | Name of Employer<br>Self Employed<br>Transaction ID : 6454646<br>Occupation<br>Business Owner  |         |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Miller, Amy, , ,<br>864 Olentangy Rd<br>Franklin Lakes NJ 07417-2812                                                      |  | Name of Employer<br>Not Employed<br>Transaction ID : 6450156<br>Occupation<br>Not Employed     |         |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Greenberg, Lawrence, , ,<br>4 Nottingham Ln<br>Weston MA 02493-1344                                                       |  | Name of Employer<br>Not Employed<br>Transaction ID : 6454596<br>Occupation<br>Retired          |         |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Yulman, Richard, , ,<br>2535 Lake Ave<br>Miami Beach FL 33140-4228                                                        |  | Name of Employer<br>Not Employed<br>Transaction ID : 6454607<br>Occupation<br>Retired          |         |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Kent, Andrew, , ,<br>34 Nelson Pl<br>Tenafly NJ 07670-1215                                                                |  | Name of Employer<br>Glass Gardens Inc.<br>Transaction ID : 6454617<br>Occupation<br>Supervisor |         |
|                                                                                                                                                                         |  | Date (month, day, year)                                                                        | Amount  |
|                                                                                                                                                                         |  | 01/20/2026                                                                                     | 1000.00 |
|                                                                                                                                                                         |  | 01/20/2026                                                                                     | 2500.00 |
|                                                                                                                                                                         |  | 01/20/2026                                                                                     | 3500.00 |
|                                                                                                                                                                         |  | 01/20/2026                                                                                     | 2500.00 |
|                                                                                                                                                                         |  | 01/20/2026                                                                                     | 2000.00 |

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<br>Way for Congress                                                                                                                        |  |                                                                                                |  |
| ADDRESS (number and street) P.O. Box 2024                                                                                                                               |  |                                                                                                |  |
| CITY, STATE, and ZIP CODE<br>Wayne NJ 07470                                                                                                                             |  |                                                                                                |  |
| 2. NAME OF CANDIDATE<br>Way, Tahesha, , ,                                                                                                                               |  | 3. OFFICE SOUGHT (State and District)<br>House NJ 11                                           |  |
| 4. FEC IDENTIFICATION NUMBER<br>C00928804                                                                                                                               |  |                                                                                                |  |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |  |                                                                                                |  |
| continuation page                                                                                                                                                       |  |                                                                                                |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>Peldman, Jonathan, , ,<br><br>289 Oakwood Rd<br><br>Englewood NJ 07631-2025                                           |  | Name of Employer<br>Self Employed<br><br>Transaction ID : 6454627<br>Occupation<br>Lawyer      |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>Sandler, Ellen, , ,<br><br>10267 Century Woods Dr<br><br>Los Angeles CA 90067-6312                                    |  | Date (month, day, year)<br>01/20/2026<br><br>Amount<br>1100.00                                 |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>Rubin, Larry, , ,<br><br>330 Warwick Ave<br><br>Teaneck NJ 07666-3035                                                 |  | Name of Employer<br>Not Employed<br><br>Transaction ID : 6454637<br>Occupation<br>Not Employed |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>Milstein, Carol, , ,<br><br>16 Foulet Dr<br><br>Princeton NJ 08540-7638                                               |  | Date (month, day, year)<br>01/20/2026<br><br>Amount<br>1000.00                                 |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>Opper, Gary, , ,<br><br>1226 Jasmine Cir<br><br>Weston FL 33326-2825                                                  |  | Name of Employer<br>Not Employed<br><br>Transaction ID : 6454647<br>Occupation<br>Retired      |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>01/20/2026<br><br>Amount<br>1000.00                                 |  |
|                                                                                                                                                                         |  | Transaction ID : 6454597<br>Occupation<br>Retired                                              |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>01/20/2026<br><br>Amount<br>3500.00                                 |  |
|                                                                                                                                                                         |  | Transaction ID : 6454608<br>Occupation<br>Retired                                              |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>01/20/2026<br><br>Amount<br>2500.00                                 |  |

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<br>Way for Congress                                                                                                                        |  |                                                                                                                                                                       |  |
| ADDRESS (number and street) P.O. Box 2024                                                                                                                               |  |                                                                                                                                                                       |  |
| CITY, STATE, and ZIP CODE<br>Wayne NJ 07470                                                                                                                             |  |                                                                                                                                                                       |  |
| 2. NAME OF CANDIDATE<br>Way, Tahesha, , ,                                                                                                                               |  | 3. OFFICE SOUGHT (State and District)<br>House NJ 11                                                                                                                  |  |
| 4. FEC IDENTIFICATION NUMBER<br>C00928804                                                                                                                               |  |                                                                                                                                                                       |  |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |  |                                                                                                                                                                       |  |
| continuation page                                                                                                                                                       |  |                                                                                                                                                                       |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Feldman, Rella, , ,<br>1649 Hanover St<br>Teaneck NJ 07666-2222                                                           |  | Name of Employer<br>LPZ Management<br>Transaction ID : 6454618<br>Occupation<br>Real Estate Development<br>Date (month, day, year)<br>01/20/2026<br>Amount<br>2000.00 |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Grand Canyon State Caucus<br>8711 E Pinnacle Peak Rd<br>Scottsdale AZ 85255-3517                                          |  | Name of Employer<br>LPZ Management<br>Transaction ID : 6454628<br>Occupation<br>Real Estate Development<br>Date (month, day, year)<br>01/20/2026<br>Amount<br>1000.00 |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Owades, Gordon, , ,<br>167 E Emerson Rd<br>Lexington MA 02420-2135                                                        |  | Name of Employer<br>Not Employed<br>Transaction ID : 6454638<br>Occupation<br>Retired<br>Date (month, day, year)<br>01/20/2026<br>Amount<br>1000.00                   |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Kobrick, Felice, , ,<br>25 Chapel Gate<br>Glen Head NY 11545-2701                                                         |  | Name of Employer<br>Not Employed<br>Transaction ID : 6454648<br>Occupation<br>Retired<br>Date (month, day, year)<br>01/20/2026<br>Amount<br>1000.00                   |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Milstein, Andrew, , ,<br>16 Foulet Dr<br>Princeton NJ 08540-7638                                                          |  | Name of Employer<br>Not Employed<br>Transaction ID : 6454598<br>Occupation<br>Retired<br>Date (month, day, year)<br>01/20/2026<br>Amount<br>3500.00                   |  |

(See Reverse Side for Instructions)

|                                                                                                                                                                         |  |                                                                                                                      |                   |                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------|-------------------|------------------------------------------------------------------------|
| 1. NAME OF COMMITTEE IN FULL<br>Way for Congress                                                                                                                        |  |                                                                                                                      | continuation page |                                                                        |
| ADDRESS (number and street) P.O. Box 2024                                                                                                                               |  |                                                                                                                      |                   |                                                                        |
| CITY, STATE, and ZIP CODE<br>Wayne NJ 07470                                                                                                                             |  |                                                                                                                      |                   |                                                                        |
| 2. NAME OF CANDIDATE<br>Way, Tahesha, , ,                                                                                                                               |  | 3. OFFICE SOUGHT (State and District)<br>House NJ 11                                                                 |                   | 4. FEC IDENTIFICATION NUMBER<br>C00928804                              |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |  |                                                                                                                      |                   |                                                                        |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>Lerman, Steven, , ,<br><br>11 Barrister Ct<br><br>Fair Lawn NJ 07410-5359                                             |  | Name of Employer<br><br>Sleep & Wakefulness LLC<br><br>Transaction ID : 6454609<br>Occupation<br>Physician           |                   | Date (month, day, year)<br><br>01/20/2026<br><br>Amount<br><br>2500.00 |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>Weil, Steven, , ,<br><br>1678 Hanover St<br><br>Teaneck NJ 07666-2222                                                 |  | Name of Employer<br><br>Orthodox Union<br><br>Transaction ID : 6454619<br>Occupation<br>Senior Managing Director     |                   | Date (month, day, year)<br><br>01/20/2026<br><br>Amount<br><br>2000.00 |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>Sibel, Steven, , ,<br><br>12304 Cleghorn Rd<br><br>Cockeysville MD 21030-2227                                         |  | Name of Employer<br><br>Caves Valley Partners<br><br>Transaction ID : 6454629<br>Occupation<br>Real Estate Developer |                   | Date (month, day, year)<br><br>01/20/2026<br><br>Amount<br><br>1000.00 |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>Rapaport, Sheri, , ,<br><br>11625 Moraga Ln<br><br>Los Angeles CA 90049-1645                                          |  | Name of Employer<br><br>Self Employed<br><br>Transaction ID : 6454639<br>Occupation<br>Volunteer                     |                   | Date (month, day, year)<br><br>01/20/2026<br><br>Amount<br><br>1000.00 |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>Gleis, Joshua, , ,<br><br>PO Box 1451<br><br>Englewood Cliffs NJ 07632-0451                                           |  | Name of Employer<br><br>Self Employed<br><br>Transaction ID : 6454649<br>Occupation<br>Consultant                    |                   | Date (month, day, year)<br><br>01/20/2026<br><br>Amount<br><br>1000.00 |

**FEC FORM 6**  
(Revised 07/2011)

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<br>Way for Congress                                                                                                                        |  |                                                                                            |                                                            |
| ADDRESS (number and street) P.O. Box 2024                                                                                                                               |  |                                                                                            |                                                            |
| CITY, STATE, and ZIP CODE<br>Wayne NJ 07470                                                                                                                             |  |                                                                                            |                                                            |
| 2. NAME OF CANDIDATE<br>Way, Tahesha, , ,                                                                                                                               |  | 3. OFFICE SOUGHT (State and District)<br>House NJ 11                                       |                                                            |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00928804                                                  |                                                            |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |  |                                                                                            |                                                            |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                            |                                                            |
| Miller, Robert, , ,<br>864 Olentangy Rd<br>Franklin Lakes NJ 07417-2812                                                                                                 |  | Name of Employer<br>Stifel<br>Transaction ID : 6450289<br>Occupation<br>Wealth Advisor     | Date (month, day, year)<br>01/20/2026<br>Amount<br>2500.00 |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                            |                                                            |
| Kohn, Lisa, , ,<br>16135 Valley Meadow Pl<br>Encino CA 91436-3939                                                                                                       |  | Name of Employer<br>Not Employed<br>Transaction ID : 6454599<br>Occupation<br>Not Employed | Date (month, day, year)<br>01/20/2026<br>Amount<br>3500.00 |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                            |                                                            |
|                                                                                                                                                                         |  | Name of Employer<br><br>Occupation                                                         | Date (month, day, year)<br><br>Amount                      |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                            |                                                            |
|                                                                                                                                                                         |  | Name of Employer<br><br>Occupation                                                         | Date (month, day, year)<br><br>Amount                      |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                            |                                                            |
|                                                                                                                                                                         |  | Name of Employer<br><br>Occupation                                                         | Date (month, day, year)<br><br>Amount                      |

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