

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 CAIT FOR NEW YORK						
ADDRESS (number and street) PO BOX 96						
CITY OSSINING		STATE NY		ZIP CODE 10562		
2. NAME OF CANDIDATE CONLEY, CAIT, , ,			3. OFFICE SOUGHT (State and District) House NY 17		4. FEC IDENTIFICATION NUMBER C00900431	
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____						
A. FULL NAME BANNING, JACK, , ,			Name of Employer NONE		Date (month, day, year) 06/10/2026	
MAILING ADDRESS 1891 ROUTE 83			Transaction ID : F65-41045		Amount 1000.00	
CITY PINE PLAINS	STATE NY	ZIP CODE 12567	Occupation NOT EMPLOYED			
B. FULL NAME BEEPAC (BUILDING ECONOMIC EMPOWERMENT PAC)			Name of Employer		Date (month, day, year) 06/10/2026	
MAILING ADDRESS 857 POST RD #312			Transaction ID : F65-41200		Amount 1000.00	
CITY FAIRFIELD	STATE CT	ZIP CODE 06824	Occupation			
C. FULL NAME FUTURE FORUM PAC			Name of Employer		Date (month, day, year) 06/10/2026	
MAILING ADDRESS PO BOX 83142			Transaction ID : F65-41201		Amount 1000.00	
CITY GAITHERSBURG	STATE MD	ZIP CODE 20883	Occupation			
D. FULL NAME HELLMAN, MARTIN, , ,			Name of Employer UNEMPLOYED		Date (month, day, year) 06/10/2026	
MAILING ADDRESS 730 ALVARADO CT			Transaction ID : F65-41205		Amount 1000.00	
CITY STANFORD	STATE CA	ZIP CODE 94305	Occupation UNEMPLOYED			
E. FULL NAME HOSONO, GREGORY, , ,			Name of Employer THE NEXT 50		Date (month, day, year) 06/11/2026	
MAILING ADDRESS 601 MELVILLE AVE			Transaction ID : F65-41105		Amount 1000.00	
CITY PALO ALTO	STATE CA	ZIP CODE 94301	Occupation POLITICAL DIRECTOR			
SIGNATURE (optional) MCCUBBIN, JEREMIE, , ,				DATE 06/12/2026	For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov	

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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6
(Revised 03/2016)

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5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____																
A. FULL NAME, MAILING ADDRESS AND ZIP CODE OVERSIGHT ACTION FUND 2350 KERNER BLVD., SUITE 250 SAN RAFAEL CA 94901				<table><tr><td>Name of Employer</td><td>Date (month, day, year)</td><td>Amount</td></tr><tr><td></td><td>06/10/2026</td><td>2500.00</td></tr><tr><td colspan="3">Transaction ID : F65-41202</td></tr><tr><td>Occupation</td><td></td><td></td></tr></table>	Name of Employer	Date (month, day, year)	Amount		06/10/2026	2500.00	Transaction ID : F65-41202			Occupation		
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	06/10/2026	2500.00														
Transaction ID : F65-41202																
Occupation																
B. FULL NAME, MAILING ADDRESS AND ZIP CODE ROCAH, MIMI, , , 2 BERWICK ROAD SCARSDALE NY 10583				<table><tr><td>Name of Employer</td><td>Date (month, day, year)</td><td>Amount</td></tr><tr><td>SELF</td><td>06/11/2026</td><td>1000.00</td></tr><tr><td colspan="3">Transaction ID : F65-41181</td></tr><tr><td>Occupation</td><td></td><td></td></tr></table>	Name of Employer	Date (month, day, year)	Amount	SELF	06/11/2026	1000.00	Transaction ID : F65-41181			Occupation		
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SELF	06/11/2026	1000.00														
Transaction ID : F65-41181																
Occupation																
C. FULL NAME, MAILING ADDRESS AND ZIP CODE SCHEUER, ELIZABETH, , , 810 7TH AVENUE FLOOR 7 NEW YORK NY 10019				<table><tr><td>Name of Employer</td><td>Date (month, day, year)</td><td>Amount</td></tr><tr><td>NOT EMPLOYED</td><td>06/11/2026</td><td>2000.00</td></tr><tr><td colspan="3">Transaction ID : F65-41131</td></tr><tr><td>Occupation</td><td></td><td></td></tr></table>	Name of Employer	Date (month, day, year)	Amount	NOT EMPLOYED	06/11/2026	2000.00	Transaction ID : F65-41131			Occupation		
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NOT EMPLOYED	06/11/2026	2000.00														
Transaction ID : F65-41131																
Occupation																
D. FULL NAME, MAILING ADDRESS AND ZIP CODE SENAY, EMILY, , , 101 CENTRAL PARK WEST 14G NEW YORK NY 10023				<table><tr><td>Name of Employer</td><td>Date (month, day, year)</td><td>Amount</td></tr><tr><td>HOSPITAL</td><td>06/11/2026</td><td>1750.00</td></tr><tr><td colspan="3">Transaction ID : F65-41120</td></tr><tr><td>Occupation</td><td></td><td></td></tr></table>	Name of Employer	Date (month, day, year)	Amount	HOSPITAL	06/11/2026	1750.00	Transaction ID : F65-41120			Occupation		
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HOSPITAL	06/11/2026	1750.00														
Transaction ID : F65-41120																
Occupation																
E. FULL NAME, MAILING ADDRESS AND ZIP CODE TROY, ANNA, , , 106 SEVEN BRIDGES RD CHAPPAQUA NY 10514				<table><tr><td>Name of Employer</td><td>Date (month, day, year)</td><td>Amount</td></tr><tr><td>DECHERT</td><td>06/11/2026</td><td>1000.00</td></tr><tr><td colspan="3">Transaction ID : F65-41194</td></tr><tr><td>Occupation</td><td></td><td></td></tr></table>	Name of Employer	Date (month, day, year)	Amount	DECHERT	06/11/2026	1000.00	Transaction ID : F65-41194			Occupation		
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continuation page			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE ULLRICH, HELEN, , , 106 SARAH WELLS TRAIL CAMPBELL HALL NY 10916		Name of Employer NOT EMPLOYED Transaction ID : F65-41119 Occupation NOT EMPLOYED	
		Date (month, day, year) 06/11/2026	
		Amount 1000.00	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE WARREN, BENJAMIN, , , 109 NORTH POST OAK LANE SUITE 410 HOUSTON TX 77024		Name of Employer ITC TRADING COMPANY LTD Transaction ID : F65-41107 Occupation CEO-FINANCE	
		Date (month, day, year) 06/11/2026	
		Amount 4200.00	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE ZACHARY, HENRY, , , 164 HORIZON LANE BEDFORD NY 10506		Name of Employer NONE Transaction ID : F65-41144 Occupation RETIRED	
		Date (month, day, year) 06/11/2026	
		Amount 1000.00	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	
		Occupation	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	
		Occupation	
		Date (month, day, year)	
		Amount	