01/30/2023 11 : 44

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## 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.

NAME OF COMMITTEE IN     Chris Deluzio	for Congress						
ADDRESS (number and str	reet) PO Box 16210						
CITY STATE Pittsburgh PA				CODE 15242			
2. NAME OF CANDIDATE			3. OFFICE SOUGHT (State and District)		4. FEC IDENTIFICATION	4. FEC IDENTIFICATION NUMBER	
	Deluzio, Christopher, , ,		House PA 17		C00787648		
5. IS THIS AN AMENDMENT?	NO, THIS IS A N	NEW FILING	X YES, IT AMENDS	THE NOTICE FILED ON	11 /03 /	2022	
A. FULL NAME  JStreetPAC			Name of Employer		Date (month, day, year)	Amount	
MAILING ADDRESS PO Box 33106			Transaction ID : 14479460		11/01/2022	1819.46	
CITY	STATE	ZIP CODE	Occupation				
Washington	DC	20033-0106					
B. FULL NAME ASCOli, Lucy, , ,			Name of Employe Not Employed	r	Date (month, day, year)	Amount	
MAILING ADDRESS 4950 S Chicago Beach Dr			Transaction ID : 14465670		11/01/2022	1000.00	
CITY	STATE	ZIP CODE	Occupation				
Chicago	IL	60615-3204	Not Employed				
Grams-Moog, Ileana, , ,			Name of Employer Not Employed		Date (month, day, year)	Amount	
MAILING ADDRESS 190 Broadway St Apt 307			Transaction ID : 14465392		11/01/2022	1000.00	
CITY	STATE	ZIP CODE	Occupation				
Asheville	NC	28801-2354	Not Employed				
Glezerman, Tamar, , ,			Name of Employer Self Employed		Date (month, day, year)	Amount	
MAILING ADDRESS 246 Monroe St					11/01/2022	1800.00	
Apt 1			Transaction ID	14480225			
CITY Brooklyn	STATE NY	ZIP CODE 11216-1406	Occupation Filmmaker				
E. FULL NAME I Got Your Back PAC			Name of Employer		Date (month, day, year)	Amount	
MAILING ADDRESS PO Box 33079			Transaction ID : 14475345		11/01/2022	1000.00	
CITY	STATE	ZIP CODE	Occupation		_		
Washington	DC	20033-0079					
SIGNATURE (optional)  Koob, Christopher, , ,	1	1	[Electronically File	DATE 01/30/2023	Federal Ele 999 E Street, NW,	formation contact: ction Commission Washington, DC 20463 1530, Local 202-694-1100	

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.



## : 97 'A - G7 9 @ 5 B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC F H Z G7 < 98 I @ 'C F' + H9 A - N5 H-C B

Form/Schedule: F6A Transaction ID:

Amending to reflect a change in the amount of an in-kind contribution. The updated in-kind information was forwarded to the committee after the due date of the report.

Form/Schedule: Transaction ID:

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(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.

NAME OF COMMITTEE IN FULL     Chris Dolly 7 of Congress		]	
Chris Deluzio for Congress  ADDRESS (number and street) PO Box 16210			
ADDRESS (number and street) PO Box 16210			
CITY, STATE, and ZIP CODE		-	
Pittsburgh	PA 15242	continuation	on page
2. NAME OF CANDIDATE	3. OFFICE SOUGHT (State and District)	4. FEC IDENTIFICATION	ON NUMBER
Deluzio, Christopher, , ,	House PA 17	C00787648	
5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING	YES, IT AMENDS THE NOTICE FILED ON	11/_03	
A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
Kovler, Peter, , ,	Judy And Peter Blum Kovler	day, year)	
, , , ,	Foundation	11/01/2022	2900.00
2618 31st St NW			
	Transaction ID: 14465365		
Washington DC 20008-3519	Occupation		
	Director	Date (month,	Amount
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	day, year)	Amount
MAC PAC			
PO Box 60405		11/01/2022	1000.00
1 0 300 00400	Transaction ID: 14480288		
	Occupation		
Worcester MA 01606-0405			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
Democratic Jewish Outreach PA		day, year)	
		11/01/2022	1250.00
PO Box 451			
	Transaction ID : 14480289		
Fort Washington PA 19034-0451	Occupation		
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
D. FOLL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	day, year)	Amount
	Occupation	_	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
		day, year)	
	Occupation		