

# 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>Gabe Vasquez for Congress                                                                                                            |  |                    |                                                             |                          |
| <b>ADDRESS</b> (number and street) Drawer L                                                                                                                                 |  |                    |                                                             |                          |
| <b>CITY</b><br>Mesilla                                                                                                                                                      |  | <b>STATE</b><br>NM |                                                             | <b>ZIP CODE</b><br>88046 |
| <b>2. NAME OF CANDIDATE</b><br>Vasquez, Gabriel, , ,                                                                                                                        |  |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House NM 02 |                          |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00789404                                                                                                                            |  |                    |                                                             |                          |
| <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>Fisher, Cynthia, , ,                                                                                                                                 |  |                    | Name of Employer<br>PatientRightsAdvocate.org               |                          |
| <b>MAILING ADDRESS</b><br>550 S Ocean Blvd                                                                                                                                  |  |                    | Date (month, day, year)<br>10/23/2024                       |                          |
| <b>CITY</b><br>Palm Beach                                                                                                                                                   |  |                    | Amount<br>3300.00                                           |                          |
| <b>STATE</b><br>FL                                                                                                                                                          |  |                    | <b>Transaction ID : 7395031</b>                             |                          |
| <b>ZIP CODE</b><br>33480-4737                                                                                                                                               |  |                    | Occupation<br>Founder                                       |                          |
| <b>B. FULL NAME</b><br>Reyes, Augustina, , ,                                                                                                                                |  |                    | Name of Employer<br>Not Employed                            |                          |
| <b>MAILING ADDRESS</b><br>3101 Old Pecos Trl<br>Unit 304                                                                                                                    |  |                    | Date (month, day, year)<br>10/23/2024                       |                          |
| <b>CITY</b><br>Santa Fe                                                                                                                                                     |  |                    | Amount<br>1000.00                                           |                          |
| <b>STATE</b><br>NM                                                                                                                                                          |  |                    | <b>Transaction ID : 7395032</b>                             |                          |
| <b>ZIP CODE</b><br>87505-9090                                                                                                                                               |  |                    | Occupation<br>Not Employed                                  |                          |
| <b>C. FULL NAME</b><br>Office and Professional Employees International Union JB Moss Voice of the Electorate                                                                |  |                    | Name of Employer                                            |                          |
| <b>MAILING ADDRESS</b><br>PO Box 1761                                                                                                                                       |  |                    | Date (month, day, year)<br>10/23/2024                       |                          |
| <b>CITY</b><br>New York                                                                                                                                                     |  |                    | Amount<br>2500.00                                           |                          |
| <b>STATE</b><br>NY                                                                                                                                                          |  |                    | <b>Transaction ID : 7427203</b>                             |                          |
| <b>ZIP CODE</b><br>10113-1761                                                                                                                                               |  |                    | Occupation                                                  |                          |
| <b>D. FULL NAME</b><br>Rosenberg, David, , ,                                                                                                                                |  |                    | Name of Employer<br>Marcus Rosenberg & Diamond LLP          |                          |
| <b>MAILING ADDRESS</b><br>35 W 92nd St<br>Apt 11C                                                                                                                           |  |                    | Date (month, day, year)<br>10/23/2024                       |                          |
| <b>CITY</b><br>New York                                                                                                                                                     |  |                    | Amount<br>1000.00                                           |                          |
| <b>STATE</b><br>NY                                                                                                                                                          |  |                    | <b>Transaction ID : 7395033</b>                             |                          |
| <b>ZIP CODE</b><br>10025-7639                                                                                                                                               |  |                    | Occupation<br>Attorney                                      |                          |
| <b>E. FULL NAME</b><br>Science Truth and Expertise Matter PAC                                                                                                               |  |                    | Name of Employer                                            |                          |
| <b>MAILING ADDRESS</b><br>PO Box 131                                                                                                                                        |  |                    | Date (month, day, year)<br>10/23/2024                       |                          |
| <b>CITY</b><br>Downers Grove                                                                                                                                                |  |                    | Amount<br>1000.00                                           |                          |
| <b>STATE</b><br>IL                                                                                                                                                          |  |                    | <b>Transaction ID : 7424304</b>                             |                          |
| <b>ZIP CODE</b><br>60515-0131                                                                                                                                               |  |                    | Occupation                                                  |                          |
| <b>SIGNATURE (optional)</b><br>Rubio, Rosy, , ,                                                                                                                             |  |                    | <b>DATE</b><br>10/25/2024                                   |                          |
| 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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| 1. NAME OF COMMITTEE IN FULL<br>Gabe Vasquez for Congress                                                                                                                  |                                                      | continuation page                                                                          |                                                            |
| ADDRESS (number and street) Drawer L                                                                                                                                       |                                                      |                                                                                            |                                                            |
| CITY, STATE, and ZIP CODE<br>Mesilla NM 88046                                                                                                                              |                                                      |                                                                                            |                                                            |
| 2. NAME OF CANDIDATE<br>Vasquez, Gabriel, , ,                                                                                                                              | 3. OFFICE SOUGHT (State and District)<br>House NM 02 | 4. FEC IDENTIFICATION NUMBER<br>C00789404                                                  |                                                            |
| 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>Sanchez, Elisa, , ,<br>3045 Buena Vida Cir<br>Apt 219<br>Las Cruces NM 88011-9124                                            |                                                      | Name of Employer<br>Not Employed<br>Transaction ID : 7395034<br>Occupation<br>Not Employed | Date (month, day, year)<br>10/23/2024<br>Amount<br>1000.00 |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>HMS SCRAP PAC<br>PO Box 15293<br>Washington DC 20003-0293                                                                    |                                                      | Name of Employer<br>Transaction ID : 7424294<br>Occupation                                 | Date (month, day, year)<br>10/23/2024<br>Amount<br>1000.00 |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>ALTRIA Group, Inc. Political Action Committee (ALTRIAPAC)<br>101 Constitution Ave NW<br>Ste 400W<br>Washington DC 20001-2155 |                                                      | Name of Employer<br>Transaction ID : 7423475<br>Occupation                                 | Date (month, day, year)<br>10/23/2024<br>Amount<br>1000.00 |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Women's Health PAC<br>PO Box 33079<br>Washington DC 20033-0079                                                               |                                                      | Name of Employer<br>Transaction ID : 7432076<br>Occupation                                 | Date (month, day, year)<br>10/23/2024<br>Amount<br>3300.00 |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Union Pacific Corp. Fund for Effective Government<br>700 13th St NW<br>Ste 350<br>Washington DC 20005-6621                   |                                                      | Name of Employer<br>Transaction ID : 7423477<br>Occupation                                 | Date (month, day, year)<br>10/23/2024<br>Amount<br>2000.00 |

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| ADDRESS (number and street) Drawer L                                                                                                                                    |  |                                                                                            |                                                            |
| CITY, STATE, and ZIP CODE<br>Mesilla NM 88046                                                                                                                           |  |                                                                                            |                                                            |
| 2. NAME OF CANDIDATE<br>Vasquez, Gabriel, , ,                                                                                                                           |  | 3. OFFICE SOUGHT (State and District)<br>House NM 02                                       |                                                            |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00789404                                                  |                                                            |
| 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                                                                                                                              |  |                                                                                            |                                                            |
| Mai, Anne, , ,<br>152 W 57th St<br>Fl 42<br>New York NY 10019-3310                                                                                                      |  | Name of Employer<br>Not Employed<br>Transaction ID : 7424288<br>Occupation<br>Not Employed | Date (month, day, year)<br>09/30/2024<br>Amount<br>2221.15 |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                            |                                                            |
| Geithner, Timothy, , ,<br>555 W End Ave<br>Apt 4E<br>New York NY 10024-2753                                                                                             |  | Name of Employer<br>Warburg Pincus<br>Transaction ID : 7424289<br>Occupation<br>Chairman   | Date (month, day, year)<br>09/30/2024<br>Amount<br>3300.00 |
| 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                      |

continuation page