

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 Darializa for Congress																									
ADDRESS (number and street) PO BOX 129																									
CITY New York		STATE NY		ZIP CODE 10027																					
2. NAME OF CANDIDATE Avila Chevalier, Darializa, , ,			3. OFFICE SOUGHT (State and District) House NY 13																						
4. FEC IDENTIFICATION NUMBER C00927541																									
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">A. FULL NAME Anas, Abuzaakouk, , ,</td> <td rowspan="2">Name of Employer Not Employed</td> <td rowspan="2">Date (month, day, year) 06/15/2026</td> <td rowspan="2">Amount 3500.00</td> </tr> <tr> <td colspan="3">MAILING ADDRESS 4120 Brookgreen Dr</td> </tr> <tr> <td>CITY Fairfax</td> <td>STATE VA</td> <td>ZIP CODE 22033-6219</td> <td>Transaction ID : 9721176</td> <td></td> <td></td> </tr> <tr> <td colspan="3">Occupation Not Employed</td> <td></td> <td></td> <td></td> </tr> </table>					A. FULL NAME Anas, Abuzaakouk, , ,			Name of Employer Not Employed	Date (month, day, year) 06/15/2026	Amount 3500.00	MAILING ADDRESS 4120 Brookgreen Dr			CITY Fairfax	STATE VA	ZIP CODE 22033-6219	Transaction ID : 9721176			Occupation Not Employed					
A. FULL NAME Anas, Abuzaakouk, , ,			Name of Employer Not Employed	Date (month, day, year) 06/15/2026	Amount 3500.00																				
MAILING ADDRESS 4120 Brookgreen Dr																									
CITY Fairfax	STATE VA	ZIP CODE 22033-6219	Transaction ID : 9721176																						
Occupation Not Employed																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">B. FULL NAME Chowdhury, Zarin, , ,</td> <td rowspan="2">Name of Employer Not Employed</td> <td rowspan="2">Date (month, day, year) 06/15/2026</td> <td rowspan="2">Amount 3500.00</td> </tr> <tr> <td colspan="3">MAILING ADDRESS 644 Broadway</td> </tr> <tr> <td>CITY New York</td> <td>STATE NY</td> <td>ZIP CODE 10012-2306</td> <td>Transaction ID : 9721175</td> <td></td> <td></td> </tr> <tr> <td colspan="3">Occupation Not Employed</td> <td></td> <td></td> <td></td> </tr> </table>					B. FULL NAME Chowdhury, Zarin, , ,			Name of Employer Not Employed	Date (month, day, year) 06/15/2026	Amount 3500.00	MAILING ADDRESS 644 Broadway			CITY New York	STATE NY	ZIP CODE 10012-2306	Transaction ID : 9721175			Occupation Not Employed					
B. FULL NAME Chowdhury, Zarin, , ,			Name of Employer Not Employed	Date (month, day, year) 06/15/2026	Amount 3500.00																				
MAILING ADDRESS 644 Broadway																									
CITY New York	STATE NY	ZIP CODE 10012-2306	Transaction ID : 9721175																						
Occupation Not Employed																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">C. FULL NAME Krieger, Betsy, , ,</td> <td rowspan="2">Name of Employer Not Employed</td> <td rowspan="2">Date (month, day, year) 06/15/2026</td> <td rowspan="2">Amount 1000.00</td> </tr> <tr> <td colspan="3">MAILING ADDRESS 411 Hawthorne Rd</td> </tr> <tr> <td>CITY Baltimore</td> <td>STATE MD</td> <td>ZIP CODE 21210-2304</td> <td>Transaction ID : 9721304</td> <td></td> <td></td> </tr> <tr> <td colspan="3">Occupation Not Employed</td> <td></td> <td></td> <td></td> </tr> </table>					C. FULL NAME Krieger, Betsy, , ,			Name of Employer Not Employed	Date (month, day, year) 06/15/2026	Amount 1000.00	MAILING ADDRESS 411 Hawthorne Rd			CITY Baltimore	STATE MD	ZIP CODE 21210-2304	Transaction ID : 9721304			Occupation Not Employed					
C. FULL NAME Krieger, Betsy, , ,			Name of Employer Not Employed	Date (month, day, year) 06/15/2026	Amount 1000.00																				
MAILING ADDRESS 411 Hawthorne Rd																									
CITY Baltimore	STATE MD	ZIP CODE 21210-2304	Transaction ID : 9721304																						
Occupation Not Employed																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">D. FULL NAME</td> <td rowspan="2">Name of Employer</td> <td rowspan="2">Date (month, day, year)</td> <td rowspan="2">Amount</td> </tr> <tr> <td colspan="3">MAILING ADDRESS</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td>Occupation</td> <td></td> <td></td> </tr> </table>					D. FULL NAME			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS			CITY	STATE	ZIP CODE	Occupation								
D. FULL NAME			Name of Employer	Date (month, day, year)	Amount																				
MAILING ADDRESS																									
CITY	STATE	ZIP CODE	Occupation																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">E. FULL NAME</td> <td rowspan="2">Name of Employer</td> <td rowspan="2">Date (month, day, year)</td> <td rowspan="2">Amount</td> </tr> <tr> <td colspan="3">MAILING ADDRESS</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td>Occupation</td> <td></td> <td></td> </tr> </table>					E. FULL NAME			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS			CITY	STATE	ZIP CODE	Occupation								
E. FULL NAME			Name of Employer	Date (month, day, year)	Amount																				
MAILING ADDRESS																									
CITY	STATE	ZIP CODE	Occupation																						
SIGNATURE (optional) Stanger, Howie, , ,				DATE 06/17/2026	For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov																				

--	--	--

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)