

# 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>VAN DREW FOR CONGRESS                                                                                                                   |                    |                                                                                                                                                                |  |
| <b>ADDRESS</b> (number and street) PO BOX 671                                                                                                                                  |                    |                                                                                                                                                                |  |
| <b>CITY</b><br>CAPE MAY COURT HOUSE                                                                                                                                            | <b>STATE</b><br>NJ | <b>ZIP CODE</b><br>08210                                                                                                                                       |  |
| <b>2. NAME OF CANDIDATE</b><br>VAN DREW, JEFF, , MR,                                                                                                                           |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House NJ 02                                                                                                    |  |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00661868                                                                                                                               |                    |                                                                                                                                                                |  |
| <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>RAPOPORT, YOSEF, , ,                                                                                                                                    |                    | Name of Employer<br>MERCHANT CAPITAL<br>MANAGEMENT                                                                                                             |  |
| <b>MAILING ADDRESS</b><br>101 S PLAZA PLACE                                                                                                                                    |                    | Date (month,<br>day, year)<br>05/24/2022                                                                                                                       |  |
| <b>CITY</b><br>ATLANTIC CITY                                                                                                                                                   |                    | <b>STATE</b><br>NJ                                                                                                                                             |  |
| <b>ZIP CODE</b><br>08401                                                                                                                                                       |                    | <b>Amount</b><br>2750.00                                                                                                                                       |  |
| <b>Transaction ID : F6.145129</b>                                                                                                                                              |                    | <b>Occupation</b><br>EMPLOYEE                                                                                                                                  |  |
| <b>B. FULL NAME</b>                                                                                                                                                            |                    | Name of Employer                                                                                                                                               |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                         |                    | Date (month,<br>day, year)                                                                                                                                     |  |
| <b>CITY</b>                                                                                                                                                                    |                    | <b>STATE</b>                                                                                                                                                   |  |
| <b>ZIP CODE</b>                                                                                                                                                                |                    | <b>Amount</b>                                                                                                                                                  |  |
| <b>Occupation</b>                                                                                                                                                              |                    |                                                                                                                                                                |  |
| <b>C. FULL NAME</b>                                                                                                                                                            |                    | Name of Employer                                                                                                                                               |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                         |                    | Date (month,<br>day, year)                                                                                                                                     |  |
| <b>CITY</b>                                                                                                                                                                    |                    | <b>STATE</b>                                                                                                                                                   |  |
| <b>ZIP CODE</b>                                                                                                                                                                |                    | <b>Amount</b>                                                                                                                                                  |  |
| <b>Occupation</b>                                                                                                                                                              |                    |                                                                                                                                                                |  |
| <b>D. FULL NAME</b>                                                                                                                                                            |                    | Name of Employer                                                                                                                                               |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                         |                    | Date (month,<br>day, year)                                                                                                                                     |  |
| <b>CITY</b>                                                                                                                                                                    |                    | <b>STATE</b>                                                                                                                                                   |  |
| <b>ZIP CODE</b>                                                                                                                                                                |                    | <b>Amount</b>                                                                                                                                                  |  |
| <b>Occupation</b>                                                                                                                                                              |                    |                                                                                                                                                                |  |
| <b>E. FULL NAME</b>                                                                                                                                                            |                    | Name of Employer                                                                                                                                               |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                         |                    | Date (month,<br>day, year)                                                                                                                                     |  |
| <b>CITY</b>                                                                                                                                                                    |                    | <b>STATE</b>                                                                                                                                                   |  |
| <b>ZIP CODE</b>                                                                                                                                                                |                    | <b>Amount</b>                                                                                                                                                  |  |
| <b>Occupation</b>                                                                                                                                                              |                    |                                                                                                                                                                |  |
| <b>SIGNATURE (optional)</b><br>CRATE, BRADLEY, T, MR,                                                                                                                          |                    | <b>DATE</b><br>05/26/2022                                                                                                                                      |  |
| <b>[Electronically Filed]</b>                                                                                                                                                  |                    | <b>For further information contact:</b><br>Federal Election Commission<br>999 E Street, NW, Washington, DC 20463<br>Toll Free 800-424-9530, Local 202-694-1100 |  |

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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)