

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 MARC FOR US INC.				
ADDRESS (number and street) PO BOX 5158				
CITY POUGHKEEPSIE		STATE NY	ZIP CODE 12602-5158	
2. NAME OF CANDIDATE MOLINARO, MARCUS, J., ,		3. OFFICE SOUGHT (State and District) House NY 19		4. FEC IDENTIFICATION NUMBER C00789586
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____				
A. FULL NAME MOSKOWITZ, MICHAEL, , ,		Name of Employer SELF EMPLOYED		Date (month, day, year) 10/24/2022
MAILING ADDRESS 310 LEXINGTON AVE		Transaction ID : 67F69ECA2F458407D		Amount 2900.00
CITY NEW YORK	STATE NY	ZIP CODE 10016-3174	Occupation FINANCE	
B. FULL NAME NATIONAL ASSOCIATION OF REALTORS PAC		Name of Employer		Date (month, day, year) 10/24/2022
MAILING ADDRESS 430 N MICHIGAN AVE		Transaction ID : 6FE74091E03E74DC2		Amount 5000.00
CITY CHICAGO	STATE IL	ZIP CODE 60611-4011	Occupation	
C. FULL NAME ARMAO, THOMAS, , ,		Name of Employer COUNTRY CLUB AUTO GROUP		Date (month, day, year) 10/25/2022
MAILING ADDRESS PO BOX 60		Transaction ID : 65B935830D9A34860		Amount 1000.00
CITY WEST DAVENPORT	STATE NY	ZIP CODE 13860-0060	Occupation BUSINESS OWNER	
D. FULL NAME FISHER, WILLIAM, , ,		Name of Employer RETIRED		Date (month, day, year) 10/25/2022
MAILING ADDRESS 3961 RODEO CIR		Transaction ID : 62F0B145E9E1B4D2I		Amount 1000.00
CITY CAMILLUS	STATE NY	ZIP CODE 13031-9764	Occupation RETIRED	
E. FULL NAME CHRISTIE, CHRIS, , ,		Name of Employer THE CHRISTIE LAW FIRM		Date (month, day, year) 10/25/2022
MAILING ADDRESS 46 COREY LN		Transaction ID : 6C8C39CEBE11B4E1		Amount 1000.00
CITY MENDHAM	STATE NJ	ZIP CODE 07945-3309	Occupation ATTORNEY	
SIGNATURE (optional) JOSEPH, NICHOLAS, , ,			DATE 10/26/2022	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
[Electronically Filed]				

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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A. FULL NAME, MAILING ADDRESS AND ZIP CODE AFFORDABLE SELF STORAGE OF RHINEBECK LLC 3680 ROUTE 9G RHINEBECK NY 12572-1172	Name of Employer Transaction ID : 6C455432CEC4B476DB8A Occupation	Date (month, day, year) 10/25/2022	Amount 1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE SULLIVAN COUNTY REPUBLICAN COMMITTEE PO BOX 747 MONTICELLO NY 12701-0747	Name of Employer Transaction ID : 6925EA67A390C4CE38D2 Occupation	Date (month, day, year) 10/25/2022	Amount 1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE MVL PAC PO BOX 87 SOUTH SALEM NY 10590-0087	Name of Employer Transaction ID : 65FA28F9A16CE4BE38F6 Occupation	Date (month, day, year) 10/25/2022	Amount 2900.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE CULAC THE PAC OF CREDIT UNION NATIONAL ASSOCIATION 99 M ST SE STE 300 WASHINGTON DC 20003-3957	Name of Employer Transaction ID : 6F3E9B6A9255D4965A36 Occupation	Date (month, day, year) 10/25/2022	Amount 5000.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE BAKER PAC PO BOX 101 BAYPORT NY 11705-0101	Name of Employer Transaction ID : 688215E0E20F5455FAEC Occupation	Date (month, day, year) 10/25/2022	Amount 1000.00

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE BULLDOG PAC 228 S WASHINGTON ST STE 115 ALEXANDRIA VA 22314-5404			
Name of Employer		Date (month, day, year) 10/25/2022	
Amount 1000.00		Transaction ID : 6B3A7A85A74794D9AB27	
Occupation			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	
Amount		Occupation	
Occupation			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	
Amount		Occupation	
Occupation			
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	
Amount		Occupation	
Occupation			
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	
Amount		Occupation	
Occupation			