

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 Lori Trahan for Congress Committee			
ADDRESS (number and street) PO Box 1161			
CITY Lowell	STATE MA	ZIP CODE 01853	
2. NAME OF CANDIDATE Trahan, Lori, , ,		3. OFFICE SOUGHT (State and District) House MA 03	
		4. FEC IDENTIFICATION NUMBER C00655647	
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME Byrne, Tracey, , ,		Name of Employer Retired	Date (month, day, year) 08/25/2024
MAILING ADDRESS 3 Blossom Ln		Transaction ID : 5037867	Amount 3300.00
CITY Manchester	STATE MA	ZIP CODE 01944-1441	Occupation NA
B. FULL NAME Byrne, Tracey, , ,		Name of Employer Retired	Date (month, day, year) 08/25/2024
MAILING ADDRESS 3 Blossom Ln		Transaction ID : 5037868	Amount 3300.00
CITY Manchester	STATE MA	ZIP CODE 01944-1441	Occupation NA
C. FULL NAME Kaplan, James, , ,		Name of Employer Self	Date (month, day, year) 08/25/2024
MAILING ADDRESS 472 Henley Rd		Transaction ID : 5037860	Amount 1000.00
CITY Jackson	STATE WY	ZIP CODE 83001-8799	Occupation Financial advisor
D. FULL NAME Kiley, Michael, , ,		Name of Employer Chamberlain Group	Date (month, day, year) 08/25/2024
MAILING ADDRESS 2050 Main St		Transaction ID : 5037862	Amount 1000.00
CITY Irvine	STATE CA	ZIP CODE 92614-8255	Occupation CEO
E. FULL NAME Penzias, Alan, , ,		Name of Employer Boston IVF	Date (month, day, year) 08/25/2024
MAILING ADDRESS 69 Monmouth St		Transaction ID : 5037869	Amount 2000.00
CITY Brookline	STATE MA	ZIP CODE 02446-5603	Occupation Physician
SIGNATURE (optional) Cunha, Maria, , ,		DATE 08/27/2024	For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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