06/25/2022 16:07

Image# 202206259517758683 PAGE 1/2

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.

NAME OF COMMITTEE IN Schneider for						7		
ADDRESS (number and stre	eet) PO Box 1318					7		
CITY		STATE		ZIP COD	DE	_		
Deerfield		IL	60015					
2. NAME OF CANDIDATE		I	3. OFFICE SOUGHT (State and District)			4. FEC IDENTIFICATION NUMBER		
Schneider, Bradley, Scott, ,			House IL 10			C00495952		
5. ISTHIS AN AMENDMENT?	NO, THIS IS A	NEW FILING	YES, IT AMEN	NDS THE	NOTICE FILED ON	//////		
A. FULL NAME ALLIANCE FOR PHYSICAL THERAPY QUALITY AND INNOVATION INC PAC			Name of Employer			Date (month, day, year)	Amount	
MAILING ADDRESS 3745 Shawnee Rd			Transaction ID : VR03HNS6591			06/23/2022	1000.00	
Ste 103	STATE	ZIP CODE	Occupation Occupation		_			
			Occupation					
Lima	ОН	45806-1660						
B. FULL NAME BLUE DOG POLITICAL ACTION COMMITTEE			Name of Employer			Date (month, day, year)	Amount	
MAILING ADDRESS						06/23/2022	2000.00	
PO Box 83142			Transaction	ID · VD	03HNS69E7			
CITY STATE ZIP CODE		Transaction ID : VR03HNS68E7 Occupation			_			
	MD	20883-3142	Godpanon					
Gaithersburg C. FULL NAME	IVID	20003-3142	N (5)			Data (manth	Amaunt	
EMPLOYEES OF NORTH	ROP GRUMMAN COI	RPORATION PAC	Name of Empl	oyer		Date (month, day, year)	Amount	
MAILING ADDRESS 2980 Fairview Park Dr			Transaction ID : VR03HNS64W0			06/23/2022	2500.00	
CITY	STATE	ZIP CODE	Occupation	. VIV	.00111004110	_		
Falls Church	VA	22042-4511	Сосиранон					
D. FULL NAME	V/1		Name of Empl	ovor		Date (month,	Amount	
Kaufman, Mark, A., ,			Name of Employer Athletico Physical Therapy		day, year)			
MAILING ADDRESS			_			06/23/2022	1500.00	
2122 York Rd Ste 300			Transaction ID : VR03HNS6HG2					
CITY	STATE	ZIP CODE	Occupation Occupation		_			
Oak Brook	IL	60523-1925	Founder And Executive Chairman					
E. FULL NAME PAIN FREE AMERICA, THE POLITICAL ACTION COMMITTEE OF ATHLETICO HOLDINGS, LLC			Name of Employer			Date (month, day, year)	Amount	
MAILING ADDRESS 2122 York Rd						06/23/2022	2500.00	
Ste 300			Transaction ID: VR03HNS65A9					
CITY	STATE ZIP CODE Occupation							
Oak Brook	IL	60523-1925						
SIGNATURE (optional) Karton, Deborah, , ,			[Electronically	Filed]	DATE 06/25/2022			



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.



Image# 202206259517758684 PAGE 2 / 2

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.

NAME OF COMMITTEE IN FULL			7	
Schneider for Congres	S			
ADDRESS (number and street) PO Box	x 1318		1	
CITY, STATE, and ZIP CODE			_	
Deerfield		IL 60015	continuation	n page
2. NAME OF CANDIDATE		3. OFFICE SOUGHT (State and District)	4. FEC IDENTIFICATION NUMBER	
Schneider, Bradley, Scott, ,		House IL 10	C00495952	
5. IS THIS AN AMENDMENT? X NO,	THIS IS A NEW FILING	YES, IT AMENDS THE NOTICE FILED ON	//	
A. FULL NAME, MAILING ADDRESS AND ZIP	CODE	Name of Employer	Date (month,	Amount
Rosenstock, Jason, , ,		Thorn Run Partners	day, year)	
100 M St SE			06/23/2022	1000.00
		Transaction ID : VR03HNS64T5		
Ste 750		Occupation		
Washington	DC 20003-3798	Consultant		
B. FULL NAME, MAILING ADDRESS AND ZIP (CODE	Name of Employer	Date (month,	Amount
TAKEDA PHARMACEUTICALS	AMERICA INC.		day, year)	
POLITICAL ACTION COMMITT	EE		06/23/2022	2500.00
95 Hayden Ave				
		Transaction ID: VR03HNS64X8		
Lexington	MA 02421-7942	Occupation		
C. FULL NAME, MAILING ADDRESS AND ZIP O	CODE	Name of Employer	Date (month,	Amount
VICTORY IN NOVEMBE	R ELECTION PAC		day, year)	
			06/23/2022	1000.00
1032 15Th St NW				
Ste 247		Transaction ID : VR03HNS6583		
Washington	DC 20005-1502	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,	Amount
			day, year)	
		Occupation		

