

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 Leora Levy for U.S. Senate, Inc.																						
ADDRESS (number and street) PO Box 447																						
CITY Cheshire		STATE CT		ZIP CODE 06410																		
2. NAME OF CANDIDATE Levy, Lora, , ,			3. OFFICE SOUGHT (State and District) Senate CT																			
4. FEC IDENTIFICATION NUMBER C00804377																						
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 McInerney, Thomas, , , </td> <td> Name of Employer BLUFF POINT ASSOCIATES </td> <td> Date (month, day, year) 04/22/2022 </td> <td> Amount 2900.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 2 Manitou Ct </td> <td> Transaction ID : F6.4126 </td> <td></td> <td></td> </tr> <tr> <td> CITY Westport </td> <td> STATE CT </td> <td> ZIP CODE 06880 </td> <td> Occupation VC INVESTOR </td> <td></td> <td></td> </tr> </table>					A. FULL NAME McInerney, Thomas, , ,			Name of Employer BLUFF POINT ASSOCIATES	Date (month, day, year) 04/22/2022	Amount 2900.00	MAILING ADDRESS 2 Manitou Ct			Transaction ID : F6.4126			CITY Westport	STATE CT	ZIP CODE 06880	Occupation VC INVESTOR		
A. FULL NAME McInerney, Thomas, , ,			Name of Employer BLUFF POINT ASSOCIATES	Date (month, day, year) 04/22/2022	Amount 2900.00																	
MAILING ADDRESS 2 Manitou Ct			Transaction ID : F6.4126																			
CITY Westport	STATE CT	ZIP CODE 06880	Occupation VC INVESTOR																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> B. FULL NAME McInerney, Thomas, , , </td> <td> Name of Employer BLUFF POINT ASSOCIATES </td> <td> Date (month, day, year) 04/22/2022 </td> <td> Amount 2900.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 2 Manitou Ct </td> <td> Transaction ID : F6.4127 </td> <td></td> <td></td> </tr> <tr> <td> CITY Westport </td> <td> STATE CT </td> <td> ZIP CODE 06880 </td> <td> Occupation VC INVESTOR </td> <td></td> <td></td> </tr> </table>					B. FULL NAME McInerney, Thomas, , ,			Name of Employer BLUFF POINT ASSOCIATES	Date (month, day, year) 04/22/2022	Amount 2900.00	MAILING ADDRESS 2 Manitou Ct			Transaction ID : F6.4127			CITY Westport	STATE CT	ZIP CODE 06880	Occupation VC INVESTOR		
B. FULL NAME McInerney, Thomas, , ,			Name of Employer BLUFF POINT ASSOCIATES	Date (month, day, year) 04/22/2022	Amount 2900.00																	
MAILING ADDRESS 2 Manitou Ct			Transaction ID : F6.4127																			
CITY Westport	STATE CT	ZIP CODE 06880	Occupation VC INVESTOR																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> C. FULL NAME </td> <td> Name of Employer </td> <td> Date (month, day, year) </td> <td> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td></td> <td></td> <td></td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td> Occupation </td> <td></td> <td></td> </tr> </table>					C. FULL NAME			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS						CITY	STATE	ZIP CODE	Occupation		
C. 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"> D. FULL NAME </td> <td> Name of Employer </td> <td> Date (month, day, year) </td> <td> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td></td> <td></td> <td></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> Name of Employer </td> <td> Date (month, day, year) </td> <td> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td></td> <td></td> <td></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) Martin, Steve, , , [Electronically Filed]				DATE 04/22/2022	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																	

--	--	--

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)