

# 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>Gillen for NY                                                                                                                           |                    |                               |                                                                                                       |                                  |                                                  |                                       |                                                                                                             |
| <b>ADDRESS</b> (number and street) PO Box 774                                                                                                                                  |                    |                               |                                                                                                       |                                  |                                                  |                                       |                                                                                                             |
| <b>CITY</b><br>Rockville Centre                                                                                                                                                | <b>STATE</b><br>NY | <b>ZIP CODE</b><br>11571      |                                                                                                       |                                  |                                                  |                                       |                                                                                                             |
| <b>2. NAME OF CANDIDATE</b><br>Gillen, Laura, , ,                                                                                                                              |                    |                               | <b>3. OFFICE SOUGHT</b> (State and District)<br>House                      NY                      04 |                                  | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00840165 |                                       |                                                                                                             |
| <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>General Dynamics Corporation PAC                                                                                                                        |                    |                               |                                                                                                       | Name of Employer                 |                                                  | Date (month, day, year)<br>06/12/2026 | Amount<br>1000.00                                                                                           |
| <b>MAILING ADDRESS</b><br>11011 Sunset Hills Rd                                                                                                                                |                    |                               |                                                                                                       | <b>Transaction ID : 10102977</b> |                                                  |                                       |                                                                                                             |
| <b>CITY</b><br>Reston                                                                                                                                                          | <b>STATE</b><br>VA | <b>ZIP CODE</b><br>20190-5311 | Occupation                                                                                            |                                  |                                                  |                                       |                                                                                                             |
| <b>B. FULL NAME</b><br>UnitedHealth Group PAC                                                                                                                                  |                    |                               |                                                                                                       | Name of Employer                 |                                                  | Date (month, day, year)<br>06/12/2026 | Amount<br>1000.00                                                                                           |
| <b>MAILING ADDRESS</b><br>701 Pennsylvania Ave NW<br>Ste 600                                                                                                                   |                    |                               |                                                                                                       | <b>Transaction ID : 10102979</b> |                                                  |                                       |                                                                                                             |
| <b>CITY</b><br>Washington                                                                                                                                                      | <b>STATE</b><br>DC | <b>ZIP CODE</b><br>20004-2692 | Occupation                                                                                            |                                  |                                                  |                                       |                                                                                                             |
| <b>C. FULL NAME</b><br>EDPAC                                                                                                                                                   |                    |                               |                                                                                                       | Name of Employer                 |                                                  | Date (month, day, year)<br>06/12/2026 | Amount<br>1000.00                                                                                           |
| <b>MAILING ADDRESS</b><br>14446 W 57Th Pl                                                                                                                                      |                    |                               |                                                                                                       | <b>Transaction ID : 10103499</b> |                                                  |                                       |                                                                                                             |
| <b>CITY</b><br>Arvada                                                                                                                                                          | <b>STATE</b><br>CO | <b>ZIP CODE</b><br>80002-1167 | Occupation                                                                                            |                                  |                                                  |                                       |                                                                                                             |
| <b>D. FULL NAME</b>                                                                                                                                                            |                    |                               |                                                                                                       | Name of Employer                 |                                                  | Date (month, day, year)               | Amount                                                                                                      |
| <b>MAILING ADDRESS</b>                                                                                                                                                         |                    |                               |                                                                                                       |                                  |                                                  |                                       |                                                                                                             |
| <b>CITY</b>                                                                                                                                                                    | <b>STATE</b>       | <b>ZIP CODE</b>               | Occupation                                                                                            |                                  |                                                  |                                       |                                                                                                             |
| <b>E. FULL NAME</b>                                                                                                                                                            |                    |                               |                                                                                                       | Name of Employer                 |                                                  | Date (month, day, year)               | Amount                                                                                                      |
| <b>MAILING ADDRESS</b>                                                                                                                                                         |                    |                               |                                                                                                       |                                  |                                                  |                                       |                                                                                                             |
| <b>CITY</b>                                                                                                                                                                    | <b>STATE</b>       | <b>ZIP CODE</b>               | Occupation                                                                                            |                                  |                                                  |                                       |                                                                                                             |
| <b>SIGNATURE (optional)</b><br>Nissen, Melissa, , ,                                                                                                                            |                    |                               |                                                                                                       |                                  | <b>DATE</b><br>06/14/2026                        |                                       | For further information,<br>contact the Federal Election Commission<br>at 800-424-9530 or visit www.fec.gov |

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**FEC FORM 6**  
(Revised 03/2016)