

# 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>Cartwright for Congress                                                                                                              |  |                    |                                                             |                                                                                                                                                                |
| ADDRESS (number and street) PO Box 414                                                                                                                                      |  |                    |                                                             |                                                                                                                                                                |
| <b>CITY</b><br>Scranton                                                                                                                                                     |  | <b>STATE</b><br>PA |                                                             | <b>ZIP CODE</b><br>18501                                                                                                                                       |
| <b>2. NAME OF CANDIDATE</b><br>Cartwright, Matthew, A., ,                                                                                                                   |  |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House PA 08 |                                                                                                                                                                |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00509968                                                                                                                            |  |                    |                                                             |                                                                                                                                                                |
| <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>Damashek, Jonathan, S., , Esq.                                                                                                                       |  |                    |                                                             |                                                                                                                                                                |
| MAILING ADDRESS<br>75 Oxford Dr                                                                                                                                             |  |                    | Name of Employer<br>Hecht Kleegeer & Damashek               |                                                                                                                                                                |
| CITY<br>Tenafly                                                                                                                                                             |  |                    | Date (month, day, year)<br>10/23/2022                       |                                                                                                                                                                |
| STATE<br>NJ                                                                                                                                                                 |  |                    | Amount<br>1000.00                                           |                                                                                                                                                                |
| ZIP CODE<br>07670-3113                                                                                                                                                      |  |                    | Transaction ID : 6650726                                    |                                                                                                                                                                |
| Occupation<br>Attorney                                                                                                                                                      |  |                    |                                                             |                                                                                                                                                                |
| <b>B. FULL NAME</b><br>Mccloskey, Sean, , ,                                                                                                                                 |  |                    |                                                             |                                                                                                                                                                |
| MAILING ADDRESS<br>620 Righters Ferry Rd                                                                                                                                    |  |                    | Name of Employer<br>Self                                    |                                                                                                                                                                |
| CITY<br>Bala Cynwyd                                                                                                                                                         |  |                    | Date (month, day, year)<br>10/23/2022                       |                                                                                                                                                                |
| STATE<br>PA                                                                                                                                                                 |  |                    | Amount<br>1000.00                                           |                                                                                                                                                                |
| ZIP CODE<br>19004-1347                                                                                                                                                      |  |                    | Transaction ID : 6650731                                    |                                                                                                                                                                |
| Occupation<br>Real Estate                                                                                                                                                   |  |                    |                                                             |                                                                                                                                                                |
| <b>C. FULL NAME</b><br>Vaswani, Sheila, A., ,                                                                                                                               |  |                    |                                                             |                                                                                                                                                                |
| MAILING ADDRESS<br>110 Lakeside Dr                                                                                                                                          |  |                    | Name of Employer<br>Retired                                 |                                                                                                                                                                |
| CITY<br>Honesdale                                                                                                                                                           |  |                    | Date (month, day, year)<br>10/23/2022                       |                                                                                                                                                                |
| STATE<br>PA                                                                                                                                                                 |  |                    | Amount<br>1000.00                                           |                                                                                                                                                                |
| ZIP CODE<br>18431-1232                                                                                                                                                      |  |                    | Transaction ID : 6650721                                    |                                                                                                                                                                |
| Occupation<br>Retired                                                                                                                                                       |  |                    |                                                             |                                                                                                                                                                |
| <b>D. FULL NAME</b><br><br>                                                                                                                                                 |  |                    |                                                             |                                                                                                                                                                |
| MAILING ADDRESS<br><br>                                                                                                                                                     |  |                    | Name of Employer<br><br>                                    |                                                                                                                                                                |
| CITY<br><br>                                                                                                                                                                |  |                    | Date (month, day, year)<br><br>                             |                                                                                                                                                                |
| STATE<br><br>                                                                                                                                                               |  |                    | Amount<br><br>                                              |                                                                                                                                                                |
| ZIP CODE<br><br>                                                                                                                                                            |  |                    | Transaction ID :<br>                                        |                                                                                                                                                                |
| Occupation<br><br>                                                                                                                                                          |  |                    |                                                             |                                                                                                                                                                |
| <b>E. FULL NAME</b><br><br>                                                                                                                                                 |  |                    |                                                             |                                                                                                                                                                |
| MAILING ADDRESS<br><br>                                                                                                                                                     |  |                    | Name of Employer<br><br>                                    |                                                                                                                                                                |
| CITY<br><br>                                                                                                                                                                |  |                    | Date (month, day, year)<br><br>                             |                                                                                                                                                                |
| STATE<br><br>                                                                                                                                                               |  |                    | Amount<br><br>                                              |                                                                                                                                                                |
| ZIP CODE<br><br>                                                                                                                                                            |  |                    | Transaction ID :<br>                                        |                                                                                                                                                                |
| Occupation<br><br>                                                                                                                                                          |  |                    |                                                             |                                                                                                                                                                |
| <b>SIGNATURE (optional)</b><br>Gerrity, Dan, , ,                                                                                                                            |  |                    |                                                             | <b>DATE</b><br>10/25/2022                                                                                                                                      |
| [Electronically Filed]                                                                                                                                                      |  |                    |                                                             | <b>For further information contact:</b><br>Federal Election Commission<br>999 E Street, NW, Washington, DC 20463<br>Toll Free 800-424-9530, Local 202-694-1100 |

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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)