

# 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> Dan Goldman for New York			
<b>ADDRESS</b> (number and street) PO BOX 3306			
<b>CITY</b> New York	<b>STATE</b> NY	<b>ZIP CODE</b> 10008	
<b>2. NAME OF CANDIDATE</b> Goldman, Daniel, , ,		<b>3. OFFICE SOUGHT</b> (State and District) House NY 10	
<b>4. FEC IDENTIFICATION NUMBER</b> C00816660			
<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> Chanin, Johanna, , ,		Name of Employer Not Employed	
<b>MAILING ADDRESS</b> 4901 Hampden Ln		<b>Transaction ID : 10118264</b>	
<b>CITY</b> Bethesda	<b>STATE</b> MD	<b>ZIP CODE</b> 20814-7914	Occupation Not Employed
<b>Date (month, day, year)</b> 06/08/2026		<b>Amount</b> 1000.00	
<b>B. FULL NAME</b> Mckay, Mike, , ,		Name of Employer ECG	
<b>MAILING ADDRESS</b> 1717 K St NW		<b>Transaction ID : 10118442</b>	
<b>CITY</b> Washington	<b>STATE</b> DC	<b>ZIP CODE</b> 20006-5343	Occupation Managing Partner
<b>Date (month, day, year)</b> 06/08/2026		<b>Amount</b> 2500.00	
<b>C. FULL NAME</b> Trivedi, Paresh, , ,		Name of Employer NBA	
<b>MAILING ADDRESS</b> 20 West St Apt 9C		<b>Transaction ID : 10118088</b>	
<b>CITY</b> New York	<b>STATE</b> NY	<b>ZIP CODE</b> 10004-1208	Occupation Media
<b>Date (month, day, year)</b> 06/08/2026		<b>Amount</b> 3500.00	
<b>D. FULL NAME</b> Wallace, Nora-Ann, , ,		Name of Employer Willkie	
<b>MAILING ADDRESS</b> 37 W 12Th St Apt 10E		<b>Transaction ID : 10118268</b>	
<b>CITY</b> New York	<b>STATE</b> NY	<b>ZIP CODE</b> 10011-8544	Occupation Lawyer
<b>Date (month, day, year)</b> 06/08/2026		<b>Amount</b> 1000.00	
<b>E. FULL NAME</b>		Name of Employer	
<b>MAILING ADDRESS</b>		<b>Transaction ID</b>	
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	Occupation
<b>Date (month, day, year)</b>		<b>Amount</b>	
<b>SIGNATURE (optional)</b> Goldman, Corinne, , ,		<b>DATE</b> 06/10/2026	For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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