

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 Shri For Congress																					
ADDRESS (number and street) 19460 LOWELL DRIVE																					
CITY DETROIT	STATE MI	ZIP CODE 48230																			
2. NAME OF CANDIDATE Thanedar, Shri, , ,		3. OFFICE SOUGHT (State and District) House MI 13		4. FEC IDENTIFICATION NUMBER C00798132																	
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" style="padding: 5px;"> A. FULL NAME Neuberger, Yehuda, , , </td> <td style="padding: 5px;"> Name of Employer Self employed </td> <td style="padding: 5px;"> Date (month, day, year) 10/31/2024 </td> <td style="padding: 5px;"> Amount 1000.00 </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> MAILING ADDRESS 1777 Reisterstown Rd Ste 290 </td> <td colspan="2" style="padding: 5px;"> Transaction ID : 8474722 </td> </tr> <tr> <td style="padding: 5px;"> CITY Baltimore </td> <td style="padding: 5px;"> STATE MD </td> <td style="padding: 5px;"> ZIP CODE 21208-1390 </td> <td style="padding: 5px;"> Occupation Finance Professional </td> <td></td> <td></td> </tr> </table>					A. FULL NAME Neuberger, Yehuda, , ,			Name of Employer Self employed	Date (month, day, year) 10/31/2024	Amount 1000.00	MAILING ADDRESS 1777 Reisterstown Rd Ste 290			Transaction ID : 8474722		CITY Baltimore	STATE MD	ZIP CODE 21208-1390	Occupation Finance Professional		
A. FULL NAME Neuberger, Yehuda, , ,			Name of Employer Self employed	Date (month, day, year) 10/31/2024	Amount 1000.00																
MAILING ADDRESS 1777 Reisterstown Rd Ste 290			Transaction ID : 8474722																		
CITY Baltimore	STATE MD	ZIP CODE 21208-1390	Occupation Finance Professional																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> B. FULL NAME </td> <td style="padding: 5px;"> Name of Employer </td> <td style="padding: 5px;"> Date (month, day, year) </td> <td style="padding: 5px;"> Amount </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> MAILING ADDRESS </td> <td colspan="2"></td> </tr> <tr> <td style="padding: 5px;"> CITY </td> <td style="padding: 5px;"> STATE </td> <td style="padding: 5px;"> ZIP CODE </td> <td style="padding: 5px;"> Occupation </td> <td></td> <td></td> </tr> </table>					B. FULL NAME			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS					CITY	STATE	ZIP CODE	Occupation		
B. 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" style="padding: 5px;"> C. FULL NAME </td> <td style="padding: 5px;"> Name of Employer </td> <td style="padding: 5px;"> Date (month, day, year) </td> <td style="padding: 5px;"> Amount </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> MAILING ADDRESS </td> <td colspan="2"></td> </tr> <tr> <td style="padding: 5px;"> CITY </td> <td style="padding: 5px;"> STATE </td> <td style="padding: 5px;"> ZIP CODE </td> <td style="padding: 5px;"> 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" style="padding: 5px;"> D. FULL NAME </td> <td style="padding: 5px;"> Name of Employer </td> <td style="padding: 5px;"> Date (month, day, year) </td> <td style="padding: 5px;"> Amount </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> MAILING ADDRESS </td> <td colspan="2"></td> </tr> <tr> <td style="padding: 5px;"> CITY </td> <td style="padding: 5px;"> STATE </td> <td style="padding: 5px;"> ZIP CODE </td> <td style="padding: 5px;"> 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" style="padding: 5px;"> E. FULL NAME </td> <td style="padding: 5px;"> Name of Employer </td> <td style="padding: 5px;"> Date (month, day, year) </td> <td style="padding: 5px;"> Amount </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> MAILING ADDRESS </td> <td colspan="2"></td> </tr> <tr> <td style="padding: 5px;"> CITY </td> <td style="padding: 5px;"> STATE </td> <td style="padding: 5px;"> ZIP CODE </td> <td style="padding: 5px;"> 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) Thanedar, Shri, , ,				DATE 11/01/2024	For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov																

--	--	--

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)