

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 George Latimer for Congress				
ADDRESS (number and street) P.O. Box 789				
CITY White Plains		STATE NY		ZIP CODE 10602
2. NAME OF CANDIDATE Latimer, George, , ,			3. OFFICE SOUGHT (State and District) House NY 16	
4. FEC IDENTIFICATION NUMBER C00859041				
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____				
A. FULL NAME Carvin, Rozlyn, I, ,				Name of Employer Self Employed Transaction ID : 11173289 Occupation Fashion
MAILING ADDRESS 6 Hilltop Dr				
CITY Port Chester	STATE NY	ZIP CODE 10573-5308	Date (month, day, year) 06/10/2024	
			Amount 1000.00	
B. FULL NAME De Cicco, Marie, E, ,				Name of Employer DeCicco & Sons Markets Transaction ID : 11173343 Occupation Co-Owner
MAILING ADDRESS 18 Cider Mill Cir				
CITY Armonk	STATE NY	ZIP CODE 10504-3303	Date (month, day, year) 06/10/2024	
			Amount 2000.00	
C. FULL NAME Eccleston, Brian, , ,				Name of Employer GraniteRidge Asset Management Transaction ID : 11173334 Occupation CFO
MAILING ADDRESS 1396 Park Ln				
CITY Pelham	STATE NY	ZIP CODE 10803-3514	Date (month, day, year) 06/10/2024	
			Amount 2000.00	
D. FULL NAME Elliot, Paul, , ,				Name of Employer Retired Transaction ID : 11171291 Occupation Retired
MAILING ADDRESS 760 Forest Ave				
CITY Rye	STATE NY	ZIP CODE 10580-3220	Date (month, day, year) 06/10/2024	
			Amount 2500.00	
E. FULL NAME Jacobs, David, , ,				Name of Employer Retired Transaction ID : 11171296 Occupation Retired
MAILING ADDRESS 6133 Lakeshore Dr				
CITY Columbia	STATE SC	ZIP CODE 29206-4331	Date (month, day, year) 06/10/2024	
			Amount 1000.00	
SIGNATURE (optional) Presser, Steven, , ,			DATE 06/12/2024	For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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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.

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continuation page			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE Kaplan, Robert, N, , 107 Greenhaven Rd Rye NY 10580-2208		Name of Employer Kaplan Fox Transaction ID : 11173272 Occupation Partner Date (month, day, year) 06/10/2024 Amount 3300.00	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Lapidus, Sidney, , , 23 Delevan Ln Harrison NY 10528-1301		Name of Employer Retired Transaction ID : 11171294 Occupation Retired Date (month, day, year) 06/10/2024 Amount 2500.00	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE NATIONAL AUTOMOBILE DEALERS ASSOCIATION POLITICAL ACTION COMMITTEE 412 1St St SE Washington DC 20003-1804		Name of Employer Transaction ID : 11173296 Occupation Date (month, day, year) 06/10/2024 Amount 5000.00	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE NATIONAL ELEVATOR CONSTRUCTORS PAC/ INTN'L UNION OF ELEVATOR CONSTRUCTORS (NEC PAC) 7154 Columbia Gateway Dr Columbia MD 21046-2132		Name of Employer Transaction ID : 11173315 Occupation Date (month, day, year) 06/10/2024 Amount 5000.00	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Philipson, Daphne, , , 515 E 79Th St Apt 19D New York NY 10075-0784		Name of Employer Not Employed Transaction ID : 11173056 Occupation Not Employed Date (month, day, year) 06/10/2024 Amount 2000.00	

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Traub, Matthew, , , 280 N Wyoming Ave South Orange NJ 07079-1600		Name of Employer DKC Transaction ID : 11173295 Occupation Communications	
		Date (month, day, year) 06/10/2024	Amount 1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer	
		Date (month, day, year)	
		Amount	
		Occupation	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer	
		Date (month, day, year)	
		Amount	
		Occupation	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer	
		Date (month, day, year)	
		Amount	
		Occupation	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer	
		Date (month, day, year)	
		Amount	
		Occupation	

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