

# 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<br>Mondaire for Congress                                                                                                                   |             |                        |                                                      |                                                       |                                           |
| ADDRESS (number and street) PO Box 873                                                                                                                                  |             |                        |                                                      |                                                       |                                           |
| CITY<br>Sleepy Hollow                                                                                                                                                   |             | STATE<br>NY            |                                                      | ZIP CODE<br>10591                                     |                                           |
| 2. NAME OF CANDIDATE<br>Jones, Mondaire, , ,                                                                                                                            |             |                        | 3. OFFICE SOUGHT (State and District)<br>House NY 17 |                                                       | 4. FEC IDENTIFICATION NUMBER<br>C00711150 |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |             |                        |                                                      |                                                       |                                           |
| A. FULL NAME<br>AFL-CIO COPE POLITICAL CONTRIBUTIONS COMMITTEE                                                                                                          |             |                        |                                                      | Name of Employer<br>Date (month, day, year)<br>Amount |                                           |
| MAILING ADDRESS<br>815 Black Lives Matter Plz NW                                                                                                                        |             |                        |                                                      | Transaction ID : 14603149                             |                                           |
| CITY<br>Washington                                                                                                                                                      | STATE<br>DC | ZIP CODE<br>20006      | Occupation                                           |                                                       |                                           |
| B. FULL NAME<br>Atkinson, Stefan, , ,                                                                                                                                   |             |                        |                                                      | Name of Employer<br>Date (month, day, year)<br>Amount |                                           |
| MAILING ADDRESS<br>10 West Way                                                                                                                                          |             |                        |                                                      | Transaction ID : 14602109                             |                                           |
| CITY<br>Chappaqua                                                                                                                                                       | STATE<br>NY | ZIP CODE<br>10514-2206 | Occupation                                           |                                                       |                                           |
| C. FULL NAME<br>Barasch, Richard, , ,                                                                                                                                   |             |                        |                                                      | Name of Employer<br>Date (month, day, year)<br>Amount |                                           |
| MAILING ADDRESS<br>300 Central Park W<br>Apt 7G                                                                                                                         |             |                        |                                                      | Transaction ID : 14602111                             |                                           |
| CITY<br>New York                                                                                                                                                        | STATE<br>NY | ZIP CODE<br>10024-1591 | Occupation                                           |                                                       |                                           |
| D. FULL NAME<br>Bing, Cynthia, K, ,                                                                                                                                     |             |                        |                                                      | Name of Employer<br>Date (month, day, year)<br>Amount |                                           |
| MAILING ADDRESS<br>36 Tallman Ave                                                                                                                                       |             |                        |                                                      | Transaction ID : 14587349                             |                                           |
| CITY<br>Nyack                                                                                                                                                           | STATE<br>NY | ZIP CODE<br>10960-1606 | Occupation                                           |                                                       |                                           |
| E. FULL NAME<br>BONAMICI FOR CONGRESS                                                                                                                                   |             |                        |                                                      | Name of Employer<br>Date (month, day, year)<br>Amount |                                           |
| MAILING ADDRESS<br>PO Box 1632                                                                                                                                          |             |                        |                                                      | Transaction ID : 14603115                             |                                           |
| CITY<br>Beaverton                                                                                                                                                       | STATE<br>OR | ZIP CODE<br>97075-1632 | Occupation                                           |                                                       |                                           |
| SIGNATURE (optional)<br>Jackson, Sue, , ,                                                                                                                               |             |                        |                                                      | DATE<br>10/30/2024                                    |                                           |
| 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.

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

48 HOUR NOTICE OF  
CONTRIBUTIONS/LOANS RECEIVED

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| 1. NAME OF COMMITTEE IN FULL<br>Mondaire for Congress                                                                                                                   |  |                                                      |  |
| ADDRESS (number and street) PO Box 873                                                                                                                                  |  |                                                      |  |
| CITY, STATE, and ZIP CODE<br>Sleepy Hollow NY 10591                                                                                                                     |  |                                                      |  |
| 2. NAME OF CANDIDATE<br>Jones, Mondaire, , ,                                                                                                                            |  | 3. OFFICE SOUGHT (State and District)<br>House NY 17 |  |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00711150            |  |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |  |                                                      |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |  |
| BROTHERHOOD OF LOCOMOTIVE ENGINEERS & TRAINMEN PAC FUND                                                                                                                 |  | Name of Employer                                     |  |
| 7061 E Pleasant Valley Rd                                                                                                                                               |  | Date (month, day, year)                              |  |
| Independence OH 44131-5543                                                                                                                                              |  | 10/29/2024                                           |  |
|                                                                                                                                                                         |  | Amount                                               |  |
|                                                                                                                                                                         |  | 5000.00                                              |  |
|                                                                                                                                                                         |  | Transaction ID : 14602186                            |  |
|                                                                                                                                                                         |  | Occupation                                           |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |  |
| Buckholz, Robert, , ,                                                                                                                                                   |  | Name of Employer                                     |  |
| 91 Columbia Hts                                                                                                                                                         |  | Not Employed                                         |  |
| Brooklyn NY 11201-1603                                                                                                                                                  |  | Date (month, day, year)                              |  |
|                                                                                                                                                                         |  | 10/29/2024                                           |  |
|                                                                                                                                                                         |  | Amount                                               |  |
|                                                                                                                                                                         |  | 1300.00                                              |  |
|                                                                                                                                                                         |  | Transaction ID : 14602102                            |  |
|                                                                                                                                                                         |  | Occupation                                           |  |
|                                                                                                                                                                         |  | Not Employed                                         |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |  |
| Chiplock, Daniel, , ,                                                                                                                                                   |  | Name of Employer                                     |  |
| 145 Highland Ave                                                                                                                                                        |  | Lieff Cabraser Et Al.                                |  |
| Sleepy Hollow NY 10591-1407                                                                                                                                             |  | Date (month, day, year)                              |  |
|                                                                                                                                                                         |  | 10/25/2024                                           |  |
|                                                                                                                                                                         |  | Amount                                               |  |
|                                                                                                                                                                         |  | 2000.00                                              |  |
|                                                                                                                                                                         |  | Transaction ID : 14587344                            |  |
|                                                                                                                                                                         |  | Occupation                                           |  |
|                                                                                                                                                                         |  | Attorney                                             |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |  |
| Curnin, Paul, , ,                                                                                                                                                       |  | Name of Employer                                     |  |
| 3 Star Farm Rd                                                                                                                                                          |  | Not Employed                                         |  |
| Purchase NY 10577-2627                                                                                                                                                  |  | Date (month, day, year)                              |  |
|                                                                                                                                                                         |  | 10/28/2024                                           |  |
|                                                                                                                                                                         |  | Amount                                               |  |
|                                                                                                                                                                         |  | 1000.00                                              |  |
|                                                                                                                                                                         |  | Transaction ID : 14602106                            |  |
|                                                                                                                                                                         |  | Occupation                                           |  |
|                                                                                                                                                                         |  | Not Employed                                         |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |  |
| Davidson, Beth, , ,                                                                                                                                                     |  | Name of Employer                                     |  |
| 8 Sugarhill Rd                                                                                                                                                          |  | Self Employed                                        |  |
| Nyack NY 10960-1741                                                                                                                                                     |  | Date (month, day, year)                              |  |
|                                                                                                                                                                         |  | 10/27/2024                                           |  |
|                                                                                                                                                                         |  | Amount                                               |  |
|                                                                                                                                                                         |  | 1000.00                                              |  |
|                                                                                                                                                                         |  | Transaction ID : 14587361                            |  |
|                                                                                                                                                                         |  | Occupation                                           |  |
|                                                                                                                                                                         |  | Writer                                               |  |

continuation page

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| 1. NAME OF COMMITTEE IN FULL<br>Mondaire for Congress                                                                                                                   |  |                                                      |         |
| ADDRESS (number and street) PO Box 873                                                                                                                                  |  |                                                      |         |
| CITY, STATE, and ZIP CODE<br>Sleepy Hollow NY 10591                                                                                                                     |  |                                                      |         |
| 2. NAME OF CANDIDATE<br>Jones, Mondaire, , ,                                                                                                                            |  | 3. OFFICE SOUGHT (State and District)<br>House NY 17 |         |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00711150            |         |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |  |                                                      |         |
| continuation page                                                                                                                                                       |  |                                                      |         |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |         |
| Name of Employer                                                                                                                                                        |  | Date (month, day, year)                              | Amount  |
| DEMOCRATIC TURNOUT PROJECT PAC                                                                                                                                          |  | 10/29/2024                                           | 1000.00 |
| 1 Park Row                                                                                                                                                              |  |                                                      |         |
| Ste 5                                                                                                                                                                   |  |                                                      |         |
| Providence RI 02903-1235                                                                                                                                                |  |                                                      |         |
| Transaction ID : 14603121                                                                                                                                               |  |                                                      |         |
| Occupation                                                                                                                                                              |  |                                                      |         |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |         |
| Name of Employer                                                                                                                                                        |  | Date (month, day, year)                              | Amount  |
| Dr Kim Schrier For Congress                                                                                                                                             |  | 10/28/2024                                           | 1000.00 |
| PO Box 2728                                                                                                                                                             |  |                                                      |         |
| Issaquah WA 98027-0125                                                                                                                                                  |  |                                                      |         |
| Transaction ID : 14602156                                                                                                                                               |  |                                                      |         |
| Occupation                                                                                                                                                              |  |                                                      |         |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |         |
| Name of Employer                                                                                                                                                        |  | Date (month, day, year)                              | Amount  |
| Durrant, Philippa, , ,                                                                                                                                                  |  | 10/28/2024                                           | 1000.00 |
| PO Box 96                                                                                                                                                               |  |                                                      |         |
| Cornwall Bridge CT 06754-0096                                                                                                                                           |  |                                                      |         |
| Transaction ID : 14602108                                                                                                                                               |  |                                                      |         |
| Occupation                                                                                                                                                              |  |                                                      |         |
| Business Owner                                                                                                                                                          |  |                                                      |         |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |         |
| Name of Employer                                                                                                                                                        |  | Date (month, day, year)                              | Amount  |
| EVERGREEN PAC                                                                                                                                                           |  | 10/29/2024                                           | 4000.00 |
| 499 S Capitol St SW                                                                                                                                                     |  |                                                      |         |
| Washington DC 20003-4013                                                                                                                                                |  |                                                      |         |
| Transaction ID : 14602169                                                                                                                                               |  |                                                      |         |
| Occupation                                                                                                                                                              |  |                                                      |         |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |         |
| Name of Employer                                                                                                                                                        |  | Date (month, day, year)                              | Amount  |
| Fischer, Howard, , ,                                                                                                                                                    |  | 10/28/2024                                           | 2500.00 |
| 36 Wampus Lake Dr                                                                                                                                                       |  |                                                      |         |
| Armonk NY 10504-1119                                                                                                                                                    |  |                                                      |         |
| Transaction ID : 14602099                                                                                                                                               |  |                                                      |         |
| Occupation                                                                                                                                                              |  |                                                      |         |
| CEO                                                                                                                                                                     |  |                                                      |         |

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| ADDRESS (number and street) PO Box 873                                                                                                                                  |  |                                                                                              |  |
| CITY, STATE, and ZIP CODE<br>Sleepy Hollow NY 10591                                                                                                                     |  |                                                                                              |  |
| 2. NAME OF CANDIDATE<br>Jones, Mondaire, , ,                                                                                                                            |  | 3. OFFICE SOUGHT (State and District)<br>House NY 17                                         |  |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00711150                                                    |  |
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| continuation page                                                                                                                                                       |  |                                                                                              |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Fortson, Noble, , ,<br>224 Plantation Dr<br>Coppell TX 75019-3288                                                         |  | Name of Employer<br>Not Employed<br>Transaction ID : 14602093<br>Occupation<br>Not Employed  |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/28/2024                                                        |  |
|                                                                                                                                                                         |  | Amount<br>3300.00                                                                            |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Gelman, Mati, , ,<br>333 W 14Th St<br>Apt 5<br>New York NY 10014-5268                                                     |  | Name of Employer<br>Self Employed<br>Transaction ID : 14603185<br>Occupation<br>Photographer |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/29/2024                                                        |  |
|                                                                                                                                                                         |  | Amount<br>3300.00                                                                            |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Gelman, S., Asher, ,<br>333 W 14Th St<br>New York NY 10014-5082                                                           |  | Name of Employer<br>Not Employed<br>Transaction ID : 14602094<br>Occupation<br>Not Employed  |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/29/2024                                                        |  |
|                                                                                                                                                                         |  | Amount<br>3300.00                                                                            |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Gerstein, Edward, , ,<br>375 1St St<br>Brooklyn NY 11215-1979                                                             |  | Name of Employer<br>Not Employed<br>Transaction ID : 14602104<br>Occupation<br>Not Employed  |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/28/2024                                                        |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                            |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Getler, Janine, , ,<br>11 Fant Farm Ln<br>Montebello NY 10901-3617                                                        |  | Name of Employer<br>Self Employed<br>Transaction ID : 14587352<br>Occupation<br>Attorney     |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/26/2024                                                        |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                            |  |

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| 1. NAME OF COMMITTEE IN FULL<br>Mondaire for Congress                                                                                                                   |  |                                                                                                                                                            |  |
| ADDRESS (number and street) PO Box 873                                                                                                                                  |  |                                                                                                                                                            |  |
| CITY, STATE, and ZIP CODE<br>Sleepy Hollow NY 10591                                                                                                                     |  |                                                                                                                                                            |  |
| 2. NAME OF CANDIDATE<br>Jones, Mondaire, , ,                                                                                                                            |  | 3. OFFICE SOUGHT (State and District)<br>House NY 17                                                                                                       |  |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00711150                                                                                                                  |  |
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| continuation page                                                                                                                                                       |  |                                                                                                                                                            |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Goldman, Katja, , ,<br>145 Central Park W<br>New York NY 10023-6296                                                       |  | Name of Employer<br>Self Employed<br>Transaction ID : 14602092<br>Occupation<br>Chef<br>Date (month, day, year)<br>10/28/2024<br>Amount<br>3300.00         |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Green, Lisa, , ,<br>17 Rockford Dr<br>West Nyack NY 10994-1243                                                            |  | Name of Employer<br>Not Employed<br>Transaction ID : 14587357<br>Occupation<br>Not Employed<br>Date (month, day, year)<br>10/27/2024<br>Amount<br>2000.00  |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Grilikhes-Lasky, Antonia, , ,<br>298 Ainslie St<br>Brooklyn NY 11211-3816                                                 |  | Name of Employer<br>Heat & Light Co Inc<br>Transaction ID : 14602177<br>Occupation<br>Writer<br>Date (month, day, year)<br>10/29/2024<br>Amount<br>2400.00 |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Hellman, Frances, , ,<br>768 San Luis Rd<br>Berkeley CA 94707-2030                                                        |  | Name of Employer<br>UC Berkeley<br>Transaction ID : 14602098<br>Occupation<br>Professor<br>Date (month, day, year)<br>10/29/2024<br>Amount<br>3300.00      |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Hickson, Shaun, , ,<br>363 Bond St<br>Apt 803<br>Brooklyn NY 11231-3797                                                   |  | Name of Employer<br>Google<br>Transaction ID : 14602113<br>Occupation<br>Engineering Manager<br>Date (month, day, year)<br>10/29/2024<br>Amount<br>1000.00 |  |

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| ADDRESS (number and street) PO Box 873                                                                                                                                  |  |                                                                                                  |                                                                |
| CITY, STATE, and ZIP CODE<br>Sleepy Hollow NY 10591                                                                                                                     |  |                                                                                                  |                                                                |
| 2. NAME OF CANDIDATE<br>Jones, Mondaire, , ,                                                                                                                            |  | 3. OFFICE SOUGHT (State and District)<br>House NY 17                                             |                                                                |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00711150                                                        |                                                                |
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| A. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                  |                                                                |
| Imboden, Anne, , ,<br><br>111 W Lake Ave<br><br>Baltimore MD 21210-1305                                                                                                 |  | Name of Employer<br>Not Employed<br><br>Transaction ID : 14602112<br>Occupation<br>Not Employed  | Date (month, day, year)<br>10/29/2024<br><br>Amount<br>1000.00 |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                  |                                                                |
| Jacobs, Jay, , ,<br><br>85 Crescent Beach Rd<br><br>Glen Cove NY 11542-1323                                                                                             |  | Name of Employer<br>TLC Kids Group LLC<br><br>Transaction ID : 14602090<br>Occupation<br>CEO     | Date (month, day, year)<br>10/28/2024<br><br>Amount<br>3300.00 |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                  |                                                                |
| Jacobs, Kenneth, , ,<br><br>30 Rockefeller Plz<br>Fl 62<br>New York NY 10112-6400                                                                                       |  | Name of Employer<br>Lazard<br><br>Transaction ID : 14602107<br>Occupation<br>Finance             | Date (month, day, year)<br>10/28/2024<br><br>Amount<br>1000.00 |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                  |                                                                |
| JOINT ACTION COMMITTEE FOR POLITICAL AFFAIRS<br><br>PO Box 105<br><br>Highland Park IL 60035-0105                                                                       |  | Name of Employer<br><br><br>Transaction ID : 14603112<br>Occupation                              | Date (month, day, year)<br>10/29/2024<br><br>Amount<br>1500.00 |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                  |                                                                |
| Kiser, Tony, , ,<br><br>241 Central Park W<br>Apt 7F<br>New York NY 10024-4771                                                                                          |  | Name of Employer<br>Greve Foundation<br><br>Transaction ID : 14602105<br>Occupation<br>President | Date (month, day, year)<br>10/28/2024<br><br>Amount<br>1000.00 |

continuation page

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| ADDRESS (number and street) PO Box 873                                                                                                                                  |  |                                                                                                            |                                                                |
| CITY, STATE, and ZIP CODE<br>Sleepy Hollow NY 10591                                                                                                                     |  |                                                                                                            |                                                                |
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| A. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                            |                                                                |
| Klein, Emily, J, ,<br><br>237 S Boulevard<br><br>Nyack NY 10960-4114                                                                                                    |  | Name of Employer<br>Montclair State University<br><br>Transaction ID : 14587355<br>Occupation<br>Professor | Date (month, day, year)<br>10/26/2024<br><br>Amount<br>1000.00 |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                            |                                                                |
| Koved, Larry, , ,<br><br>12 Cedar Ln<br><br>Pleasantville NY 10570-1207                                                                                                 |  | Name of Employer<br>Not Employed<br><br>Transaction ID : 14602091<br>Occupation<br>Retired                 | Date (month, day, year)<br>10/28/2024<br><br>Amount<br>3300.00 |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                            |                                                                |
| LEADERS IN LIFE ACTING COOPERATIVELY (LILAC) PAC<br><br>PO Box 90914<br><br>Rochester NY 14609-0914                                                                     |  | Name of Employer<br><br><br>Transaction ID : 14602167<br>Occupation                                        | Date (month, day, year)<br>10/29/2024<br><br>Amount<br>1000.00 |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                            |                                                                |
| Lerner, Vivian, , ,<br><br>335 N Clark Ave<br><br>Los Altos CA 94022-2352                                                                                               |  | Name of Employer<br>Not Employed<br><br>Transaction ID : 14602089<br>Occupation<br>Not Employed            | Date (month, day, year)<br>10/28/2024<br><br>Amount<br>3300.00 |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                            |                                                                |
| Levine, Daniel, , ,<br><br>1445 Nye St<br><br>San Rafael CA 94901-2016                                                                                                  |  | Name of Employer<br>The John Stewart Company<br><br>Transaction ID : 14602110<br>Occupation<br>Architect   | Date (month, day, year)<br>10/29/2024<br><br>Amount<br>1000.00 |

continuation page

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<br>Mondaire for Congress                                                                                                                                                    |  |                                                                                                                                                                                  |  |
| ADDRESS (number and street) PO Box 873                                                                                                                                                                   |  |                                                                                                                                                                                  |  |
| CITY, STATE, and ZIP CODE<br>Sleepy Hollow NY 10591                                                                                                                                                      |  |                                                                                                                                                                                  |  |
| 2. NAME OF CANDIDATE<br>Jones, Mondaire, , ,                                                                                                                                                             |  | 3. OFFICE SOUGHT (State and District)<br>House NY 17                                                                                                                             |  |
|                                                                                                                                                                                                          |  | 4. FEC IDENTIFICATION NUMBER<br>C00711150                                                                                                                                        |  |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____                                  |  |                                                                                                                                                                                  |  |
| continuation page                                                                                                                                                                                        |  |                                                                                                                                                                                  |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>Lowell, Carey, , ,<br><br>84 Holly Branch Rd<br><br>Katonah NY 10536-3526                                                                              |  | Name of Employer<br>Self Employed<br><br>Transaction ID : 14587353<br>Occupation<br>Artist<br><br>Date (month, day, year)<br>10/26/2024<br><br>Amount<br>1000.00                 |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>Lowy, Julie, , ,<br><br>42 Appleton Pl<br><br>Dobbs Ferry NY 10522-2917                                                                                |  | Name of Employer<br>Self Employed<br><br>Transaction ID : 14587351<br>Occupation<br>Occupational Therapist<br><br>Date (month, day, year)<br>10/26/2024<br><br>Amount<br>1000.00 |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>Merck, Friedrike, , ,<br><br>61 Evarts Hl<br><br>Garrison NY 10524-3109                                                                                |  | Name of Employer<br>Self Employed<br><br>Transaction ID : 14587354<br>Occupation<br>Artist<br><br>Date (month, day, year)<br>10/26/2024<br><br>Amount<br>1000.00                 |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>Pitts, Bradley, , ,<br><br>298 Ainslie St<br><br>Brooklyn NY 11211-3816                                                                                |  | Name of Employer<br>Self Employed<br><br>Transaction ID : 14602174<br>Occupation<br>Artist<br><br>Date (month, day, year)<br>10/29/2024<br><br>Amount<br>2400.00                 |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>SEIU COPE (SERVICE EMPLOYEES INTERNATIONAL UNION<br>COMMITTEE ON POLITICAL EDUCATION)<br><br>1800 Massachusetts Ave NW<br><br>Washington DC 20036-1806 |  | Name of Employer<br><br><br>Transaction ID : 14602023<br>Occupation<br><br>Date (month, day, year)<br>10/28/2024<br><br>Amount<br>3000.00                                        |  |

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

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|                                                                                                                                                                         |  |                                                      |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------|--|
| 1. NAME OF COMMITTEE IN FULL<br>Mondaire for Congress                                                                                                                   |  |                                                      |  |
| ADDRESS (number and street) PO Box 873                                                                                                                                  |  |                                                      |  |
| CITY, STATE, and ZIP CODE<br>Sleepy Hollow NY 10591                                                                                                                     |  |                                                      |  |
| 2. NAME OF CANDIDATE<br>Jones, Mondaire, , ,                                                                                                                            |  | 3. OFFICE SOUGHT (State and District)<br>House NY 17 |  |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00711150            |  |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |  |                                                      |  |
| continuation page                                                                                                                                                       |  |                                                      |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |  |
| SEIU COPE (SERVICE EMPLOYEES INTERNATIONAL UNION COMMITTEE ON POLITICAL EDUCATION)                                                                                      |  | Name of Employer                                     |  |
| 1800 Massachusetts Ave NW                                                                                                                                               |  | Date (month, day, year)                              |  |
| Washington DC 20036-1806                                                                                                                                                |  | 10/28/2024                                           |  |
|                                                                                                                                                                         |  | Amount                                               |  |
|                                                                                                                                                                         |  | 2000.00                                              |  |
|                                                                                                                                                                         |  | Transaction ID : 14602024                            |  |
|                                                                                                                                                                         |  | Occupation                                           |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |  |
| Sobotka, Karen, , ,                                                                                                                                                     |  | Name of Employer                                     |  |
| 34 W 10Th St                                                                                                                                                            |  | Not Employed                                         |  |
| New York NY 10011-8714                                                                                                                                                  |  | Date (month, day, year)                              |  |
|                                                                                                                                                                         |  | 10/29/2024                                           |  |
|                                                                                                                                                                         |  | Amount                                               |  |
|                                                                                                                                                                         |  | 1800.00                                              |  |
|                                                                                                                                                                         |  | Transaction ID : 14602100                            |  |
|                                                                                                                                                                         |  | Occupation                                           |  |
|                                                                                                                                                                         |  | Not Employed                                         |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |  |
| Solomont, Susan, , ,                                                                                                                                                    |  | Name of Employer                                     |  |
| 60 Beaver Rd                                                                                                                                                            |  | Not Employed                                         |  |
| Weston MA 02493-1018                                                                                                                                                    |  | Date (month, day, year)                              |  |
|                                                                                                                                                                         |  | 10/28/2024                                           |  |
|                                                                                                                                                                         |  | Amount                                               |  |
|                                                                                                                                                                         |  | 1000.00                                              |  |
|                                                                                                                                                                         |  | Transaction ID : 14603154                            |  |
|                                                                                                                                                                         |  | Occupation                                           |  |
|                                                                                                                                                                         |  | Retired                                              |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |  |
| Soros, Robert, , ,                                                                                                                                                      |  | Name of Employer                                     |  |
| 250 W 55Th St                                                                                                                                                           |  | Soros Capital Management LLC                         |  |
| FI 36TH                                                                                                                                                                 |  | Date (month, day, year)                              |  |
| New York NY 10019-9710                                                                                                                                                  |  | 10/29/2024                                           |  |
|                                                                                                                                                                         |  | Amount                                               |  |
|                                                                                                                                                                         |  | 3300.00                                              |  |
|                                                                                                                                                                         |  | Transaction ID : 14602097                            |  |
|                                                                                                                                                                         |  | Occupation                                           |  |
|                                                                                                                                                                         |  | CIO                                                  |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |  |
| Steinberg, Aaron, , ,                                                                                                                                                   |  | Name of Employer                                     |  |
| 124 Ralph Ave                                                                                                                                                           |  | Rockland Digital Media                               |  |
| White Plains NY 10606-3609                                                                                                                                              |  | Date (month, day, year)                              |  |
|                                                                                                                                                                         |  | 10/27/2024                                           |  |
|                                                                                                                                                                         |  | Amount                                               |  |
|                                                                                                                                                                         |  | 1000.00                                              |  |
|                                                                                                                                                                         |  | Transaction ID : 14587360                            |  |
|                                                                                                                                                                         |  | Occupation                                           |  |
|                                                                                                                                                                         |  | Owner                                                |  |

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|                                                                                                                                                                         |  |                                                                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------|--|
| 1. NAME OF COMMITTEE IN FULL<br>Mondaire for Congress                                                                                                                   |  |                                                                                                            |  |
| ADDRESS (number and street) PO Box 873                                                                                                                                  |  |                                                                                                            |  |
| CITY, STATE, and ZIP CODE<br>Sleepy Hollow NY 10591                                                                                                                     |  |                                                                                                            |  |
| 2. NAME OF CANDIDATE<br>Jones, Mondaire, , ,                                                                                                                            |  | 3. OFFICE SOUGHT (State and District)<br>House NY 17                                                       |  |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00711150                                                                  |  |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |  |                                                                                                            |  |
| continuation page                                                                                                                                                       |  |                                                                                                            |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Stewart, Caroline, , ,<br>10087 State Route 22<br>Hillsdale NY 12529-5902                                                 |  | Name of Employer<br>Not Employed<br>Transaction ID : 14602103<br>Occupation<br>Not Employed                |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/28/2024                                                                      |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                          |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Stewart, Jennifer, , ,<br>5405 Wehawken Rd<br>Bethesda MD 20816-3139                                                      |  | Name of Employer<br>Stewart Strategies & Solutions<br>Transaction ID : 14602095<br>Occupation<br>Principal |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/29/2024                                                                      |  |
|                                                                                                                                                                         |  | Amount<br>3300.00                                                                                          |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Taber, Andrea, , ,<br>5 Warner Ln<br>Tarrytown NY 10591-3018                                                              |  | Name of Employer<br>Not Employed<br>Transaction ID : 14587350<br>Occupation<br>Not Employed                |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/25/2024                                                                      |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                          |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>TED LIEU FOR CONGRESS<br>PO Box 1309<br>Torrance CA 90505-0309                                                            |  | Name of Employer<br>Transaction ID : 14602065<br>Occupation                                                |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/28/2024                                                                      |  |
|                                                                                                                                                                         |  | Amount<br>2000.00                                                                                          |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Tower, Lucy, , ,<br>PO Box 1408<br>Aiken SC 29802-1408                                                                    |  | Name of Employer<br>Not Employed<br>Transaction ID : 14602192<br>Occupation<br>Retired                     |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/29/2024                                                                      |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                          |  |

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| 1. NAME OF COMMITTEE IN FULL<br>Mondaire for Congress                                                                                                                   |  |                                                                                         |  |
| ADDRESS (number and street) PO Box 873                                                                                                                                  |  |                                                                                         |  |
| CITY, STATE, and ZIP CODE<br>Sleepy Hollow NY 10591                                                                                                                     |  |                                                                                         |  |
| 2. NAME OF CANDIDATE<br>Jones, Mondaire, , ,                                                                                                                            |  | 3. OFFICE SOUGHT (State and District)<br>House NY 17                                    |  |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00711150                                               |  |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |  |                                                                                         |  |
| continuation page                                                                                                                                                       |  |                                                                                         |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Weisz, Andrew, S, ,<br>895 Park Ave<br>New York NY 10075-0327                                                             |  | Name of Employer<br>RPW Group<br>Transaction ID : 14602101<br>Occupation<br>Real Estate |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/29/2024                                                   |  |
|                                                                                                                                                                         |  | Amount<br>1500.00                                                                       |  |
| 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                                                                              |  |