

# 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>Summer Lee for Congress                                                                                                                 |             |                        |                                                      |                    |                                                                                                             |  |
| ADDRESS (number and street) PO Box 15320                                                                                                                                |             |                        |                                                      |                    |                                                                                                             |  |
| CITY<br>Washington                                                                                                                                                      |             | STATE<br>DC            |                                                      | ZIP CODE<br>20003  |                                                                                                             |  |
| 2. NAME OF CANDIDATE<br>Lee, Summer, , ,                                                                                                                                |             |                        | 3. OFFICE SOUGHT (State and District)<br>House PA 12 |                    | 4. FEC IDENTIFICATION NUMBER<br>C00791780                                                                   |  |
| 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>Bollag, Eva, , ,                                                                                                                                        |             |                        | Name of Employer<br>N/A                              |                    | Date (month, day, year)<br>04/04/2024                                                                       |  |
| MAILING ADDRESS<br>1609 Taylor St NW                                                                                                                                    |             |                        | Transaction ID : 7827387                             |                    | Amount<br>1000.00                                                                                           |  |
| CITY<br>Washington                                                                                                                                                      | STATE<br>DC | ZIP CODE<br>20011-5310 | Occupation<br>Not Employed                           |                    |                                                                                                             |  |
| B. FULL NAME<br>Fiskin, Judy, , ,                                                                                                                                       |             |                        | Name of Employer<br>N/A                              |                    | Date (month, day, year)<br>04/05/2024                                                                       |  |
| MAILING ADDRESS<br>10615 Blythe Ave                                                                                                                                     |             |                        | Transaction ID : 7827388                             |                    | Amount<br>1000.00                                                                                           |  |
| CITY<br>Los Angeles                                                                                                                                                     | STATE<br>CA | ZIP CODE<br>90064-3313 | Occupation                                           |                    |                                                                                                             |  |
| C. FULL NAME<br>Hassoun, Joe, , ,                                                                                                                                       |             |                        | Name of Employer<br>N/A                              |                    | Date (month, day, year)<br>04/05/2024                                                                       |  |
| MAILING ADDRESS<br>123 Alerche Dr                                                                                                                                       |             |                        | Transaction ID : 7827389                             |                    | Amount<br>1000.00                                                                                           |  |
| CITY<br>Los Gatos                                                                                                                                                       | STATE<br>CA | ZIP CODE<br>95032-5154 | Occupation<br>Not Employed                           |                    |                                                                                                             |  |
| D. FULL NAME<br>Hornstein, Sari, Ruth, ,                                                                                                                                |             |                        | Name of Employer<br>N/A                              |                    | Date (month, day, year)<br>04/04/2024                                                                       |  |
| MAILING ADDRESS<br>1400 21St St NW                                                                                                                                      |             |                        | Transaction ID : 7825264                             |                    | Amount<br>3300.00                                                                                           |  |
| CITY<br>Washington                                                                                                                                                      | STATE<br>DC | ZIP CODE<br>20036-5901 | Occupation<br>Self-Employed                          |                    |                                                                                                             |  |
| E. FULL NAME<br>Jalil, Amjad, , ,                                                                                                                                       |             |                        | Name of Employer<br>Allegheny Health Network         |                    | Date (month, day, year)<br>04/04/2024                                                                       |  |
| MAILING ADDRESS<br>1543 Parkview Blvd                                                                                                                                   |             |                        | Transaction ID : 7827386                             |                    | Amount<br>1500.00                                                                                           |  |
| CITY<br>Pittsburgh                                                                                                                                                      | STATE<br>PA | ZIP CODE<br>15217-2597 | Occupation<br>Physician                              |                    |                                                                                                             |  |
| SIGNATURE (optional)<br>May, Jennifer, , ,                                                                                                                              |             |                        |                                                      | DATE<br>04/06/2024 | For further information,<br>contact the Federal Election Commission<br>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)

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------|--|
| 1. NAME OF COMMITTEE IN FULL<br>Summer Lee for Congress                                                                                                                 |  |                                                                                             |  |
| ADDRESS (number and street) PO Box 15320                                                                                                                                |  |                                                                                             |  |
| CITY, STATE, and ZIP CODE<br>Washington DC 20003                                                                                                                        |  |                                                                                             |  |
| 2. NAME OF CANDIDATE<br>Lee, Summer, , ,                                                                                                                                |  | 3. OFFICE SOUGHT (State and District)<br>House PA 12                                        |  |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00791780                                                   |  |
| 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                                                                                                                              |  |                                                                                             |  |
| Silbert, Lynne, , ,<br>9255 Doheny Rd<br>West Hollywood CA 90069-3201                                                                                                   |  | Name of Employer<br>Self-Employed<br>Transaction ID : 7827390<br>Occupation<br>Therapist    |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>04/05/2024                                                       |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                           |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                             |  |
| Stober, Andrew, , ,<br>1434 S Juniper St<br>Philadelphia PA 19147-4925                                                                                                  |  | Name of Employer<br>Google Llc<br>Transaction ID : 7827385<br>Occupation<br>Partner Manager |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>04/04/2024                                                       |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                           |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                             |  |
|                                                                                                                                                                         |  | Name of Employer                                                                            |  |
|                                                                                                                                                                         |  | Occupation                                                                                  |  |
|                                                                                                                                                                         |  | Date (month, day, year)                                                                     |  |
|                                                                                                                                                                         |  | Amount                                                                                      |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                             |  |
|                                                                                                                                                                         |  | Name of Employer                                                                            |  |
|                                                                                                                                                                         |  | Occupation                                                                                  |  |
|                                                                                                                                                                         |  | Date (month, day, year)                                                                     |  |
|                                                                                                                                                                         |  | Amount                                                                                      |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                             |  |
|                                                                                                                                                                         |  | Name of Employer                                                                            |  |
|                                                                                                                                                                         |  | Occupation                                                                                  |  |
|                                                                                                                                                                         |  | Date (month, day, year)                                                                     |  |
|                                                                                                                                                                         |  | Amount                                                                                      |  |

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