

# 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>Gabe Amo For Congress                                                                                                                   |             |                                                      |                                                      |                                                                                                             |
| ADDRESS (number and street) PO Box 40457                                                                                                                                |             |                                                      |                                                      |                                                                                                             |
| CITY<br>Providence                                                                                                                                                      |             | STATE<br>RI                                          |                                                      | ZIP CODE<br>02940                                                                                           |
| 2. NAME OF CANDIDATE<br>Amo, Gabriel, F, ,                                                                                                                              |             |                                                      | 3. OFFICE SOUGHT (State and District)<br>House RI 01 |                                                                                                             |
| 4. FEC IDENTIFICATION NUMBER<br>C00838060                                                                                                                               |             |                                                      |                                                      |                                                                                                             |
| 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>Agnew, David, , ,                                                                                                                                       |             | Name of Employer<br>Macquarie Holdings               |                                                      | Date (month, day, year)<br>08/30/2023                                                                       |
| MAILING ADDRESS<br>5 Crows Nest Rd                                                                                                                                      |             | Transaction ID : 9801609                             |                                                      | Amount<br>3300.00                                                                                           |
| CITY<br>Bronxville                                                                                                                                                      | STATE<br>NY | ZIP CODE<br>10708-4801                               | Occupation<br>Managing Director                      |                                                                                                             |
| B. FULL NAME<br>Alsop, Joseph, , ,                                                                                                                                      |             | Name of Employer<br>Alsop Louie Partners             |                                                      | Date (month, day, year)<br>08/30/2023                                                                       |
| MAILING ADDRESS<br>675 C Hale St                                                                                                                                        |             | Transaction ID : 9801608                             |                                                      | Amount<br>3300.00                                                                                           |
| CITY<br>Beverly                                                                                                                                                         | STATE<br>MA | ZIP CODE<br>01915-2166                               | Occupation<br>Venture Partner                        |                                                                                                             |
| C. FULL NAME<br>Burns, J Scott, , ,                                                                                                                                     |             | Name of Employer<br>Not Employed                     |                                                      | Date (month, day, year)<br>08/30/2023                                                                       |
| MAILING ADDRESS<br>117 Neck Rd                                                                                                                                          |             | Transaction ID : 9801610                             |                                                      | Amount<br>1000.00                                                                                           |
| CITY<br>Tiverton                                                                                                                                                        | STATE<br>RI | ZIP CODE<br>02878-4000                               | Occupation<br>Not Employed                           |                                                                                                             |
| D. FULL NAME<br>DeLeo, Stephen, , ,                                                                                                                                     |             | Name of Employer<br>Federal Properties Of R.I., Inc. |                                                      | Date (month, day, year)<br>08/30/2023                                                                       |
| MAILING ADDRESS<br>2 High St                                                                                                                                            |             | Transaction ID : 9801611                             |                                                      | Amount<br>1000.00                                                                                           |
| CITY<br>Bristol                                                                                                                                                         | STATE<br>RI | ZIP CODE<br>02809-2009                               | Occupation<br>Attorney/Business Owner                |                                                                                                             |
| E. FULL NAME<br>Democrats For Education Reform                                                                                                                          |             | Name of Employer                                     |                                                      | Date (month, day, year)<br>08/30/2023                                                                       |
| MAILING ADDRESS<br>276 5Th Ave<br>Rm # 9 704                                                                                                                            |             | Transaction ID : 9794655                             |                                                      | Amount<br>1000.00                                                                                           |
| CITY<br>New York                                                                                                                                                        | STATE<br>NY | ZIP CODE<br>10001-4527                               | Occupation                                           |                                                                                                             |
| SIGNATURE (optional)<br>Lowey, Keith, D, ,                                                                                                                              |             |                                                      | DATE<br>08/31/2023                                   | 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>Gabe Amo For Congress                                                                                                                   |  |                                                                                                          |  |
| ADDRESS (number and street) PO Box 40457                                                                                                                                |  |                                                                                                          |  |
| CITY, STATE, and ZIP CODE<br>Providence RI 02940                                                                                                                        |  |                                                                                                          |  |
| 2. NAME OF CANDIDATE<br>Amo, Gabriel, F, ,                                                                                                                              |  | 3. OFFICE SOUGHT (State and District)<br>House RI 01                                                     |  |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00838060                                                                |  |
| 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                                                                                                                              |  |                                                                                                          |  |
| Van Beuren, Barbara, , ,<br><br>180 Wapping Rd<br><br>Portsmouth RI 02871-5302                                                                                          |  | Name of Employer<br>Not Employed<br><br>Transaction ID : 9801612<br>Occupation<br>Not Employed           |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>08/30/2023                                                                    |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                        |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                          |  |
| Van Beuren, Helene, , ,<br><br>340 Wapping Rd<br><br>Portsmouth RI 02871-5309                                                                                           |  | Name of Employer<br>Not Employed<br><br>Transaction ID : 9801607<br>Occupation<br>Not Employed           |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>08/30/2023                                                                    |  |
|                                                                                                                                                                         |  | Amount<br>3300.00                                                                                        |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                          |  |
| Walsh, William, G., ,<br><br>27 Landon Rd<br><br>Warwick RI 02888-4618                                                                                                  |  | Name of Employer<br>Government Strategies Inc.<br><br>Transaction ID : 9794868<br>Occupation<br>Attorney |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>08/30/2023                                                                    |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                        |  |
| 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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