

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 Gillen for Congress																						
ADDRESS (number and street) PO Box 774																						
CITY Rockville Centre		STATE NY		ZIP CODE 11571																		
2. NAME OF CANDIDATE Gillen, Laura, , ,			3. OFFICE SOUGHT (State and District) House NY 04																			
4. FEC IDENTIFICATION NUMBER C00806547																						
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> A. FULL NAME Distenfeld, Michael, , , </td> <td> Name of Employer Odeon Capital </td> <td> Date (month, day, year) 08/17/2022 </td> <td> Amount 1000.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 50 E 79Th St Apt 16D </td> <td> Transaction ID : 4267482 </td> <td></td> <td></td> </tr> <tr> <td> CITY New York </td> <td> STATE NY </td> <td> ZIP CODE 10075-0276 </td> <td> Occupation Finance </td> <td></td> <td></td> </tr> </table>					A. FULL NAME Distenfeld, Michael, , ,			Name of Employer Odeon Capital	Date (month, day, year) 08/17/2022	Amount 1000.00	MAILING ADDRESS 50 E 79Th St Apt 16D			Transaction ID : 4267482			CITY New York	STATE NY	ZIP CODE 10075-0276	Occupation Finance		
A. FULL NAME Distenfeld, Michael, , ,			Name of Employer Odeon Capital	Date (month, day, year) 08/17/2022	Amount 1000.00																	
MAILING ADDRESS 50 E 79Th St Apt 16D			Transaction ID : 4267482																			
CITY New York	STATE NY	ZIP CODE 10075-0276	Occupation Finance																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> B. FULL NAME Golia, Kanak, , , </td> <td> Name of Employer Perfume Center Of America Inc </td> <td> Date (month, day, year) 08/17/2022 </td> <td> Amount 1000.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 2020 Ocean Ave </td> <td> Transaction ID : 4267483 </td> <td></td> <td></td> </tr> <tr> <td> CITY Ronkonkoma </td> <td> STATE NY </td> <td> ZIP CODE 11779-6536 </td> <td> Occupation President </td> <td></td> <td></td> </tr> </table>					B. FULL NAME Golia, Kanak, , ,			Name of Employer Perfume Center Of America Inc	Date (month, day, year) 08/17/2022	Amount 1000.00	MAILING ADDRESS 2020 Ocean Ave			Transaction ID : 4267483			CITY Ronkonkoma	STATE NY	ZIP CODE 11779-6536	Occupation President		
B. FULL NAME Golia, Kanak, , ,			Name of Employer Perfume Center Of America Inc	Date (month, day, year) 08/17/2022	Amount 1000.00																	
MAILING ADDRESS 2020 Ocean Ave			Transaction ID : 4267483																			
CITY Ronkonkoma	STATE NY	ZIP CODE 11779-6536	Occupation President																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> C. FULL NAME Landver, Michael, , , </td> <td> Name of Employer ML Finences Ink </td> <td> Date (month, day, year) 08/17/2022 </td> <td> Amount 1500.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 12415 Promontory Rd </td> <td> Transaction ID : 4267481 </td> <td></td> <td></td> </tr> <tr> <td> CITY Los Angeles </td> <td> STATE CA </td> <td> ZIP CODE 90049-6800 </td> <td> Occupation Owner </td> <td></td> <td></td> </tr> </table>					C. FULL NAME Landver, Michael, , ,			Name of Employer ML Finences Ink	Date (month, day, year) 08/17/2022	Amount 1500.00	MAILING ADDRESS 12415 Promontory Rd			Transaction ID : 4267481			CITY Los Angeles	STATE CA	ZIP CODE 90049-6800	Occupation Owner		
C. FULL NAME Landver, Michael, , ,			Name of Employer ML Finences Ink	Date (month, day, year) 08/17/2022	Amount 1500.00																	
MAILING ADDRESS 12415 Promontory Rd			Transaction ID : 4267481																			
CITY Los Angeles	STATE CA	ZIP CODE 90049-6800	Occupation Owner																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> D. FULL NAME Singh, Jaspal, , , </td> <td> Name of Employer PDQ </td> <td> Date (month, day, year) 08/17/2022 </td> <td> Amount 2000.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 19642 Schoenborn St </td> <td> Transaction ID : 4267485 </td> <td></td> <td></td> </tr> <tr> <td> CITY Northridge </td> <td> STATE CA </td> <td> ZIP CODE 91324-4143 </td> <td> Occupation Store Owner </td> <td></td> <td></td> </tr> </table>					D. FULL NAME Singh, Jaspal, , ,			Name of Employer PDQ	Date (month, day, year) 08/17/2022	Amount 2000.00	MAILING ADDRESS 19642 Schoenborn St			Transaction ID : 4267485			CITY Northridge	STATE CA	ZIP CODE 91324-4143	Occupation Store Owner		
D. FULL NAME Singh, Jaspal, , ,			Name of Employer PDQ	Date (month, day, year) 08/17/2022	Amount 2000.00																	
MAILING ADDRESS 19642 Schoenborn St			Transaction ID : 4267485																			
CITY Northridge	STATE CA	ZIP CODE 91324-4143	Occupation Store Owner																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> E. FULL NAME </td> <td> Name of Employer </td> <td> Date (month, day, year) </td> <td> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td></td> <td></td> <td></td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td> Occupation </td> <td></td> <td></td> </tr> </table>					E. FULL NAME 			Name of Employer 	Date (month, day, year) 	Amount 	MAILING ADDRESS 						CITY 	STATE 	ZIP CODE 	Occupation 		
E. FULL NAME 			Name of Employer 	Date (month, day, year) 	Amount 																	
MAILING ADDRESS 																						
CITY 	STATE 	ZIP CODE 	Occupation 																			
SIGNATURE (optional) Lang, Stuart, , ,			DATE 08/18/2022		For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																	
[Electronically Filed]																						

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)