

# 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.

|                                                                                                                                                                             |                    |                                                             |                                        |                                                                                                             |         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------|---------|
| <b>1. NAME OF COMMITTEE IN FULL</b><br>Susan Wild for Congress                                                                                                              |                    |                                                             |                                        |                                                                                                             |         |
| <b>ADDRESS</b> (number and street) 1636 N Cedar Crest Blvd<br>#183                                                                                                          |                    |                                                             |                                        |                                                                                                             |         |
| <b>CITY</b><br>Allentown                                                                                                                                                    | <b>STATE</b><br>PA | <b>ZIP CODE</b><br>18104                                    |                                        |                                                                                                             |         |
| <b>2. NAME OF CANDIDATE</b><br>Wild, Susan, , ,                                                                                                                             |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House PA 07 |                                        | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00658567                                                            |         |
| <b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____ |                    |                                                             |                                        |                                                                                                             |         |
| <b>A. FULL NAME</b><br>American Physical Therapy Assoc. Physical Therapy Political Action Committee (PT-PAC)                                                                |                    | Name of Employer                                            |                                        | Date (month, day, year)                                                                                     | Amount  |
| <b>MAILING ADDRESS</b><br>1111 N Fairfax St                                                                                                                                 |                    | <b>Transaction ID : 10158229</b>                            |                                        | 10/22/2024                                                                                                  | 3000.00 |
| <b>CITY</b><br>Alexandria                                                                                                                                                   | <b>STATE</b><br>VA | <b>ZIP CODE</b><br>22314-1484                               | Occupation                             |                                                                                                             |         |
| <b>B. FULL NAME</b><br>Benenson, Lawrence, , ,                                                                                                                              |                    | Name of Employer<br>Benenson Capital, LLC                   |                                        | Date (month, day, year)                                                                                     | Amount  |
| <b>MAILING ADDRESS</b><br>708 3rd Ave<br>El 28                                                                                                                              |                    | <b>Transaction ID : 10170974</b>                            |                                        | 10/22/2024                                                                                                  | 3300.00 |
| <b>CITY</b><br>New York                                                                                                                                                     | <b>STATE</b><br>NY | <b>ZIP CODE</b><br>10017-4154                               | Occupation<br>Executive Vice President |                                                                                                             |         |
| <b>C. FULL NAME</b><br>Bridge the Gap PAC                                                                                                                                   |                    | Name of Employer                                            |                                        | Date (month, day, year)                                                                                     | Amount  |
| <b>MAILING ADDRESS</b><br>PO Box 83142                                                                                                                                      |                    | <b>Transaction ID : 10158196</b>                            |                                        | 10/22/2024                                                                                                  | 1000.00 |
| <b>CITY</b><br>Gaithersburg                                                                                                                                                 | <b>STATE</b><br>MD | <b>ZIP CODE</b><br>20883-3142                               | Occupation                             |                                                                                                             |         |
| <b>D. FULL NAME</b><br>Cohen, Janet, , ,                                                                                                                                    |                    | Name of Employer<br>Self-Employed                           |                                        | Date (month, day, year)                                                                                     | Amount  |
| <b>MAILING ADDRESS</b><br>325 W End Ave<br>Apt 7A                                                                                                                           |                    | <b>Transaction ID : 10177219</b>                            |                                        | 10/22/2024                                                                                                  | 3300.00 |
| <b>CITY</b><br>New York                                                                                                                                                     | <b>STATE</b><br>NY | <b>ZIP CODE</b><br>10023-8140                               | Occupation<br>Artist                   |                                                                                                             |         |
| <b>E. FULL NAME</b><br>D.R.I.V.E. - Democrat, Republican, Independent Voter Education                                                                                       |                    | Name of Employer                                            |                                        | Date (month, day, year)                                                                                     | Amount  |
| <b>MAILING ADDRESS</b><br>25 Louisiana Ave NW                                                                                                                               |                    | <b>Transaction ID : 10158135</b>                            |                                        | 10/22/2024                                                                                                  | 5000.00 |
| <b>CITY</b><br>Washington                                                                                                                                                   | <b>STATE</b><br>DC | <b>ZIP CODE</b><br>20001-2130                               | Occupation                             |                                                                                                             |         |
| <b>SIGNATURE (optional)</b><br>Rosenfeld, Linda, , ,                                                                                                                        |                    |                                                             | <b>DATE</b><br>10/24/2024              | For further information,<br>contact the Federal Election Commission<br>at 800-424-9530 or visit www.fec.gov |         |

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

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

(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>Susan Wild for Congress                                                                                                                 |  |                                                                                                                                                                       |  |
| ADDRESS (number and street) 1636 N Cedar Crest Blvd<br>#183                                                                                                             |  |                                                                                                                                                                       |  |
| CITY, STATE, and ZIP CODE<br>Allentown PA 18104                                                                                                                         |  |                                                                                                                                                                       |  |
| 2. NAME OF CANDIDATE<br>Wild, Susan, , ,                                                                                                                                |  | 3. OFFICE SOUGHT (State and District)<br>House PA 07                                                                                                                  |  |
| 4. FEC IDENTIFICATION NUMBER<br>C00658567                                                                                                                               |  |                                                                                                                                                                       |  |
| 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>Dane, Keith, , ,<br><br>1750 Verdi Vista Ct<br><br>Reno NV 89523-2158                                                 |  | Name of Employer<br>HSUS<br><br>Transaction ID : 10177226<br>Occupation<br>Director<br><br>Date (month, day, year)<br>10/22/2024<br><br>Amount<br>1000.00             |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>Fernandez, Luis, , ,<br><br>318 Caribbean Rd<br><br>Palm Beach FL 33480-3012                                          |  | Name of Employer<br>Florida Crystals<br><br>Transaction ID : 10177220<br>Occupation<br>Finance<br><br>Date (month, day, year)<br>10/22/2024<br><br>Amount<br>3300.00  |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>Frey, Peter, , ,<br><br>20 E 9th St<br><br>New York NY 10003-5944                                                     |  | Name of Employer<br>Not Employed<br><br>Transaction ID : 10171098<br>Occupation<br>Retired<br><br>Date (month, day, year)<br>10/22/2024<br><br>Amount<br>1000.00      |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>Friedman, Robert, , ,<br><br>68 Island Dr<br><br>Rye NY 10580-4306                                                    |  | Name of Employer<br>Not Employed<br><br>Transaction ID : 10177225<br>Occupation<br>Not Employed<br><br>Date (month, day, year)<br>10/22/2024<br><br>Amount<br>1500.00 |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>Hansen, Olivia, , ,<br><br>41 Charlou Cir<br><br>Cherry Hills Village CO 80111-1102                                   |  | Name of Employer<br>Not Employed<br><br>Transaction ID : 10171169<br>Occupation<br>Not Employed<br><br>Date (month, day, year)<br>09/30/2024<br><br>Amount<br>814.29  |  |

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>Susan Wild for Congress                                                                                                                 |  |                                                                                                                     |  |
| ADDRESS (number and street) 1636 N Cedar Crest Blvd<br>#183                                                                                                             |  |                                                                                                                     |  |
| CITY, STATE, and ZIP CODE<br>Allentown PA 18104                                                                                                                         |  |                                                                                                                     |  |
| 2. NAME OF CANDIDATE<br>Wild, Susan, , ,                                                                                                                                |  | 3. OFFICE SOUGHT (State and District)<br>House PA 07                                                                |  |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00658567                                                                           |  |
| 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                                                                                                                              |  |                                                                                                                     |  |
| Hansen, Olivia, , ,<br>41 Charlou Cir<br>Cherry Hills Village CO 80111-1102                                                                                             |  | Name of Employer<br>Not Employed<br>Transaction ID : 10171171<br>Occupation<br>Not Employed                         |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/06/2024                                                                               |  |
|                                                                                                                                                                         |  | Amount<br>223.93                                                                                                    |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                     |  |
| Hansen, Olivia, , ,<br>41 Charlou Cir<br>Cherry Hills Village CO 80111-1102                                                                                             |  | Name of Employer<br>Not Employed<br>Transaction ID : 10171172<br>Occupation<br>Not Employed                         |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/06/2024                                                                               |  |
|                                                                                                                                                                         |  | Amount<br>223.93                                                                                                    |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                     |  |
| Hibbard, Jacqueline, , ,<br>13804 Bauer Dr<br>Rockville MD 20853-2701                                                                                                   |  | Name of Employer<br>Not Employed<br>Transaction ID : 10177221<br>Occupation<br>Not Employed                         |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/22/2024                                                                               |  |
|                                                                                                                                                                         |  | Amount<br>3300.00                                                                                                   |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                     |  |
| Jacobs, Lisa, , ,<br>2909 Richmond Ln<br>Alexandria VA 22305-1618                                                                                                       |  | Name of Employer<br>Alexandria Tutoring Consortium<br>Transaction ID : 10177227<br>Occupation<br>Executive Director |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/22/2024                                                                               |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                                   |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                     |  |
| Joe Neguse for Congress<br>PO Box 7142<br>Boulder CO 80306-7142                                                                                                         |  | Name of Employer<br>Transaction ID : 10173182<br>Occupation                                                         |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/22/2024                                                                               |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                                   |  |

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>Susan Wild for Congress                                                                                                                 |  |                                                      |                         |
| ADDRESS (number and street) 1636 N Cedar Crest Blvd<br>#183                                                                                                             |  |                                                      |                         |
| CITY, STATE, and ZIP CODE<br>Allentown PA 18104                                                                                                                         |  |                                                      |                         |
| 2. NAME OF CANDIDATE<br>Wild, Susan, , ,                                                                                                                                |  | 3. OFFICE SOUGHT (State and District)<br>House PA 07 |                         |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00658567            |                         |
| 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                                                                                                                              |  |                                                      |                         |
| K&L Gates LLP Political Action Committee (DC)                                                                                                                           |  | Name of Employer                                     | Date (month, day, year) |
| 1601 K St NW                                                                                                                                                            |  |                                                      | 10/22/2024              |
| Washington DC 20006-1682                                                                                                                                                |  | Transaction ID : 10189521                            | Amount<br>3500.00       |
|                                                                                                                                                                         |  | Occupation                                           |                         |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |                         |
| Kaiser, George, , ,                                                                                                                                                     |  | Name of Employer                                     | Date (month, day, year) |
| 6733 S Yale Ave                                                                                                                                                         |  | GBK Corporation                                      | 10/22/2024              |
| Tulsa OK 74136-3302                                                                                                                                                     |  | Transaction ID : 10177222                            | Amount<br>3300.00       |
|                                                                                                                                                                         |  | Occupation                                           |                         |
|                                                                                                                                                                         |  | Executive                                            |                         |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |                         |
| Nessel, Ariel, , ,                                                                                                                                                      |  | Name of Employer                                     | Date (month, day, year) |
| PO Box 1128                                                                                                                                                             |  | Nessel Development                                   | 10/22/2024              |
| Ross CA 94957-1128                                                                                                                                                      |  | Transaction ID : 10177228                            | Amount<br>1000.00       |
|                                                                                                                                                                         |  | Occupation                                           |                         |
|                                                                                                                                                                         |  | Owner                                                |                         |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |                         |
| Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)                                                                    |  | Name of Employer                                     | Date (month, day, year) |
| PO Box 1761                                                                                                                                                             |  |                                                      | 10/22/2024              |
| New York NY 10113-1761                                                                                                                                                  |  | Transaction ID : 10158230                            | Amount<br>2500.00       |
|                                                                                                                                                                         |  | Occupation                                           |                         |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |                         |
| Schneider For Congress                                                                                                                                                  |  | Name of Employer                                     | Date (month, day, year) |
| PO Box 1318                                                                                                                                                             |  |                                                      | 10/22/2024              |
| Deerfield IL 60015-6005                                                                                                                                                 |  | Transaction ID : 10158220                            | Amount<br>1000.00       |
|                                                                                                                                                                         |  | Occupation                                           |                         |

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>Susan Wild for Congress                                                                                                                 |  |                                                                                                              |  |
| ADDRESS (number and street) 1636 N Cedar Crest Blvd<br>#183                                                                                                             |  |                                                                                                              |  |
| CITY, STATE, and ZIP CODE<br>Allentown PA 18104                                                                                                                         |  |                                                                                                              |  |
| 2. NAME OF CANDIDATE<br>Wild, Susan, , ,                                                                                                                                |  | 3. OFFICE SOUGHT (State and District)<br>House PA 07                                                         |  |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00658567                                                                    |  |
| 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                                                                                                                              |  |                                                                                                              |  |
| Shapiro, Steve, , ,<br>1826 Delancey St<br>Philadelphia PA 19103-6607                                                                                                   |  | Name of Employer<br>Main Line Craftsmen Inc<br>Transaction ID : 10177230<br>Occupation<br>General Contractor |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/22/2024                                                                        |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                            |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                              |  |
| The ESOP Association PAC<br>200 Massachusetts Ave NW<br>Ste 410<br>Washington DC 20001-5657                                                                             |  | Name of Employer<br>Transaction ID : 10158214<br>Occupation                                                  |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/22/2024                                                                        |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                            |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                              |  |
| Tisch, Jonathan, , ,<br>9 W 57th St<br>Fl 20<br>New York NY 10019-2714                                                                                                  |  | Name of Employer<br>Loews Hotels<br>Transaction ID : 10177224<br>Occupation<br>Executive Chairman            |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/22/2024                                                                        |  |
|                                                                                                                                                                         |  | Amount<br>3300.00                                                                                            |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                              |  |
| Tisch, Lizzie, , ,<br>2 E 67th St<br>New York NY 10065-5859                                                                                                             |  | Name of Employer<br>Ltd X Lizzie Tisch<br>Transaction ID : 10177223<br>Occupation<br>Chief Curator           |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/22/2024                                                                        |  |
|                                                                                                                                                                         |  | Amount<br>3300.00                                                                                            |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                              |  |
| Washlow, Roberta, , ,<br>700 N Green Bay Rd<br>Lake Forest IL 60045-1827                                                                                                |  | Name of Employer<br>Not Employed<br>Transaction ID : 10177231<br>Occupation<br>Not Employed                  |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/22/2024                                                                        |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                            |  |

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>Susan Wild for Congress                                                                                                                 |  |                                                      |                         |
| ADDRESS (number and street) 1636 N Cedar Crest Blvd<br>#183                                                                                                             |  |                                                      |                         |
| CITY, STATE, and ZIP CODE<br>Allentown PA 18104                                                                                                                         |  |                                                      |                         |
| 2. NAME OF CANDIDATE<br>Wild, Susan, , ,                                                                                                                                |  | 3. OFFICE SOUGHT (State and District)<br>House PA 07 |                         |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00658567            |                         |
| 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                                                                                                                              |  |                                                      |                         |
| Wolverine PAC                                                                                                                                                           |  | Name of Employer                                     | Date (month, day, year) |
| 19855 Outer Dr                                                                                                                                                          |  |                                                      | 10/22/2024              |
| Ste 103A-E                                                                                                                                                              |  | Transaction ID : 10198110                            | Amount                  |
| Dearborn MI 48124-2022                                                                                                                                                  |  | Occupation                                           | 1000.00                 |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |                         |
|                                                                                                                                                                         |  | Name of Employer                                     | Date (month, day, year) |
|                                                                                                                                                                         |  |                                                      |                         |
|                                                                                                                                                                         |  | Occupation                                           |                         |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |                         |
|                                                                                                                                                                         |  | Name of Employer                                     | Date (month, day, year) |
|                                                                                                                                                                         |  |                                                      |                         |
|                                                                                                                                                                         |  | Occupation                                           |                         |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |                         |
|                                                                                                                                                                         |  | Name of Employer                                     | Date (month, day, year) |
|                                                                                                                                                                         |  |                                                      |                         |
|                                                                                                                                                                         |  | Occupation                                           |                         |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |                         |
|                                                                                                                                                                         |  | Name of Employer                                     | Date (month, day, year) |
|                                                                                                                                                                         |  |                                                      |                         |
|                                                                                                                                                                         |  | Occupation                                           |                         |

continuation page