

# 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> Suozzi for Congress			
<b>ADDRESS</b> (number and street) PO Box 669			
<b>CITY</b> Glen Cove	<b>STATE</b> NY	<b>ZIP CODE</b> 11542	
<b>2. NAME OF CANDIDATE</b> Suozzi, Thomas, , ,		<b>3. OFFICE SOUGHT</b> (State and District) House NY 03	
<b>4. FEC IDENTIFICATION NUMBER</b> C00607200			
<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> Winkel, Adam, , ,		<b>Name of Employer</b> Jane Street Capital	
<b>MAILING ADDRESS</b> 70 Bethune St		<b>Date</b> (month, day, year) 06/08/2026	
<b>CITY</b> New York	<b>STATE</b> NY	<b>ZIP CODE</b> 10014-1768	<b>Amount</b> 3500.00
		<b>Transaction ID : 8035101</b>	
<b>B. FULL NAME</b> American Academy of Otolaryngology - Head and Neck Surgery ENT PAC		<b>Name of Employer</b>	
<b>MAILING ADDRESS</b> 1650 Diagonal Rd		<b>Date</b> (month, day, year) 06/08/2026	
<b>CITY</b> Alexandria	<b>STATE</b> VA	<b>ZIP CODE</b> 22314-2857	<b>Amount</b> 1500.00
		<b>Transaction ID : 8035211</b>	
<b>C. FULL NAME</b> Arora, Gaurav, , ,		<b>Name of Employer</b> Self Employed	
<b>MAILING ADDRESS</b> 1975 Washington Ave		<b>Date</b> (month, day, year) 06/08/2026	
<b>CITY</b> Seaford	<b>STATE</b> NY	<b>ZIP CODE</b> 11783-2249	<b>Amount</b> 3500.00
		<b>Transaction ID : 8035102</b>	
<b>D. FULL NAME</b> Edward Jones PAC		<b>Name of Employer</b>	
<b>MAILING ADDRESS</b> 300 New Jersey Ave NW Ste 900		<b>Date</b> (month, day, year) 06/08/2026	
<b>CITY</b> Washington	<b>STATE</b> DC	<b>ZIP CODE</b> 20001-2271	<b>Amount</b> 2000.00
		<b>Transaction ID : 8035222</b>	
<b>E. FULL NAME</b> Sachs, Jeffrey, , ,		<b>Name of Employer</b> Sachs Policy Group	
<b>MAILING ADDRESS</b> 870 United Nations Plz Apt 29C		<b>Date</b> (month, day, year) 06/08/2026	
<b>CITY</b> New York	<b>STATE</b> NY	<b>ZIP CODE</b> 10017-1826	<b>Amount</b> 1000.00
		<b>Transaction ID : 8035103</b>	
<b>SIGNATURE (optional)</b> Norman, Michael, G., ,		<b>DATE</b> 06/10/2026	For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

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

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<b>1. NAME OF COMMITTEE IN FULL</b> Suozzi for Congress			continuation page
<b>ADDRESS</b> (number and street) PO Box 669			
<b>CITY, STATE, and ZIP CODE</b> Glen Cove NY 11542			
<b>2. NAME OF CANDIDATE</b> Suozzi, Thomas, , ,	<b>3. OFFICE SOUGHT</b> (State and District) House NY 03	<b>4. FEC IDENTIFICATION NUMBER</b> C00607200	

**5. IS THIS AN AMENDMENT?**
 NO, THIS IS A NEW FILING
  YES, IT AMENDS THE NOTICE FILED ON \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
Winkel, Adam, , , 70 Bethune St New York NY 10014-1768	Jane Street Capital <b>Transaction ID : 8035325</b> Occupation Technology Manager	06/08/2026	3500.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE American Academy of Otolaryngology - Head and Neck Surgery ENT PAC 1650 Diagonal Rd Alexandria VA 22314-2857	Name of Employer Occupation <b>Transaction ID : 8035216</b>	Date (month, day, year) 06/08/2026	Amount 1500.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Arora, Gaurav, , , 1975 Washington Ave Seaford NY 11783-2249	Name of Employer Self Employed <b>Transaction ID : 8035327</b> Occupation Finance	Date (month, day, year) 06/08/2026	Amount 1500.00
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