

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 LANGWORTHY FOR CONGRESS																						
ADDRESS (number and street) PO BOX 120																						
CITY CLARENCE		STATE NY		ZIP CODE 14031-0120																		
2. NAME OF CANDIDATE LANGWORTHY, NICK, , ,			3. OFFICE SOUGHT (State and District) House NY 23																			
4. FEC IDENTIFICATION NUMBER C00817932																						
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 LEE, CYNTHIA, R., , </td> <td> Name of Employer RETIRED </td> <td> Date (month, day, year) 08/10/2022 </td> <td> Amount 5800.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 13 SUNRISE CAY DR </td> <td colspan="2"> Transaction ID : 6BD9BB6BD7FFC41E </td> <td></td> </tr> <tr> <td> CITY KEY LARGO </td> <td> STATE FL </td> <td> ZIP CODE 33037-5301 </td> <td colspan="3"> Occupation RETIRED </td> </tr> </table>					A. FULL NAME LEE, CYNTHIA, R., ,			Name of Employer RETIRED	Date (month, day, year) 08/10/2022	Amount 5800.00	MAILING ADDRESS 13 SUNRISE CAY DR			Transaction ID : 6BD9BB6BD7FFC41E			CITY KEY LARGO	STATE FL	ZIP CODE 33037-5301	Occupation RETIRED		
A. FULL NAME LEE, CYNTHIA, R., ,			Name of Employer RETIRED	Date (month, day, year) 08/10/2022	Amount 5800.00																	
MAILING ADDRESS 13 SUNRISE CAY DR			Transaction ID : 6BD9BB6BD7FFC41E																			
CITY KEY LARGO	STATE FL	ZIP CODE 33037-5301	Occupation RETIRED																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> B. FULL NAME LEE, PATRICK, P., , </td> <td> Name of Employer RETIRED </td> <td> Date (month, day, year) 08/10/2022 </td> <td> Amount 5800.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 13 SUNRISE CAY DR </td> <td colspan="2"> Transaction ID : 644EC6B34E6D3435C </td> <td></td> </tr> <tr> <td> CITY KEY LARGO </td> <td> STATE FL </td> <td> ZIP CODE 33037-5301 </td> <td colspan="3"> Occupation RETIRED </td> </tr> </table>					B. FULL NAME LEE, PATRICK, P., ,			Name of Employer RETIRED	Date (month, day, year) 08/10/2022	Amount 5800.00	MAILING ADDRESS 13 SUNRISE CAY DR			Transaction ID : 644EC6B34E6D3435C			CITY KEY LARGO	STATE FL	ZIP CODE 33037-5301	Occupation RETIRED		
B. FULL NAME LEE, PATRICK, P., ,			Name of Employer RETIRED	Date (month, day, year) 08/10/2022	Amount 5800.00																	
MAILING ADDRESS 13 SUNRISE CAY DR			Transaction ID : 644EC6B34E6D3435C																			
CITY KEY LARGO	STATE FL	ZIP CODE 33037-5301	Occupation RETIRED																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> C. FULL NAME CUTAIA, NICHOLAS, , , </td> <td> Name of Employer BISON BUILDING SOLUTIONS </td> <td> Date (month, day, year) 08/10/2022 </td> <td> Amount 1500.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 5360 GENESEE ST </td> <td colspan="2"> Transaction ID : 64920FF47CA214B98 </td> <td></td> </tr> <tr> <td> CITY BOWMANVILLE </td> <td> STATE NY </td> <td> ZIP CODE 14026 </td> <td colspan="3"> Occupation SALES </td> </tr> </table>					C. FULL NAME CUTAIA, NICHOLAS, , ,			Name of Employer BISON BUILDING SOLUTIONS	Date (month, day, year) 08/10/2022	Amount 1500.00	MAILING ADDRESS 5360 GENESEE ST			Transaction ID : 64920FF47CA214B98			CITY BOWMANVILLE	STATE NY	ZIP CODE 14026	Occupation SALES		
C. FULL NAME CUTAIA, NICHOLAS, , ,			Name of Employer BISON BUILDING SOLUTIONS	Date (month, day, year) 08/10/2022	Amount 1500.00																	
MAILING ADDRESS 5360 GENESEE ST			Transaction ID : 64920FF47CA214B98																			
CITY BOWMANVILLE	STATE NY	ZIP CODE 14026	Occupation SALES																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> D. 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 colspan="3"></td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td colspan="3"> Occupation </td> </tr> </table>					D. FULL NAME 			Name of Employer 	Date (month, day, year) 	Amount 	MAILING ADDRESS 						CITY 	STATE 	ZIP CODE 	Occupation 		
D. FULL NAME 			Name of Employer 	Date (month, day, year) 	Amount 																	
MAILING ADDRESS 																						
CITY 	STATE 	ZIP CODE 	Occupation 																			
<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 colspan="3"></td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td colspan="3"> Occupation </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) BROGHAMER, KEVIN, , ,				DATE 08/11/2022	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)