

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 Josh Riley for Congress			
ADDRESS (number and street) PO Box 836 213 Tioga Street			
CITY Ithaca	STATE NY	ZIP CODE 14851	
2. NAME OF CANDIDATE Riley, Josh, , ,		3. OFFICE SOUGHT (State and District) House NY 19	
		4. FEC IDENTIFICATION NUMBER C00793760	
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 Human Rights Campaign PAC		Name of Employer Date (month, day, year)	Amount
MAILING ADDRESS 1640 Rhode Island Ave NW		06/08/2026	1400.00
CITY Washington		STATE DC	ZIP CODE 20036-3200
		Transaction ID : 10127380	
B. FULL NAME Winkel, Adam, , ,		Name of Employer Date (month, day, year)	Amount
MAILING ADDRESS 70 Bethune St		06/08/2026	3500.00
CITY New York		STATE NY	ZIP CODE 10014-1768
		Transaction ID : 10116651	
C. FULL NAME Winkel, Adam, , ,		Name of Employer Date (month, day, year)	Amount
MAILING ADDRESS 70 Bethune St		06/08/2026	3500.00
CITY New York		STATE NY	ZIP CODE 10014-1768
		Transaction ID : 10119081	
D. FULL NAME Kocis, James, , ,		Name of Employer Date (month, day, year)	Amount
MAILING ADDRESS 504 Hudson St		06/08/2026	3500.00
CITY Hoboken		STATE NJ	ZIP CODE 07030-5905
		Transaction ID : 10116652	
E. FULL NAME Kocis, James, , ,		Name of Employer Date (month, day, year)	Amount
MAILING ADDRESS 504 Hudson St		06/08/2026	1500.00
CITY Hoboken		STATE NJ	ZIP CODE 07030-5905
		Transaction ID : 10119082	
SIGNATURE (optional) <i>Lee, Lauren, Decot, ,</i>		DATE 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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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
Banning, Irene, , , 1891 Route 83 Pine Plains NY 12567-4816	Not Employed Transaction ID : 10116653 Occupation Not Employed	06/08/2026	500.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Bell, Charles, , , 22 Ganung Dr Ossining NY 10562-3935	Name of Employer Consumer Reports Transaction ID : 10116654 Occupation Programs Director	Date (month, day, year) 06/08/2026	Amount 1500.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Eichel, Kate, , , 12 Heathcote Rd Scarsdale NY 10583-4416	Name of Employer Not Employed Transaction ID : 10116655 Occupation Not Employed	Date (month, day, year) 06/08/2026	Amount 1000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Banning, Irene, , , 1891 Route 83 Pine Plains NY 12567-4816	Name of Employer Not Employed Transaction ID : 10119085 Occupation Not Employed	Date (month, day, year) 06/08/2026	Amount 1500.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE McGarvey, Morgan, , , 2250 Winston Ave Louisville KY 40205-2641	Name of Employer US House of Representatives Transaction ID : 10116656 Occupation Representative	Date (month, day, year) 06/08/2026	Amount 1000.00

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
Lerner, Jonathan, , , PO Box 52 Hudson NY 12534-0052	Not Employed Transaction ID : 10116657 Occupation Not Employed	06/08/2026	1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Darigold Political Action Committee FKA North Pacific Dairy PO Box 80627 Seattle WA 98108-0627	Name of Employer Transaction ID : 10127377 Occupation	Date (month, day, year) 06/08/2026	Amount 1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
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