

# 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>Jackie Gordon for Congress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                               |                                                                                                                                                                |                          |                                             |  |  |                                                                       |  |                                                  |  |  |                          |  |                              |                    |                               |                                     |  |
| <b>ADDRESS</b> (number and street) PO Box 456                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                               |                                                                                                                                                                |                          |                                             |  |  |                                                                       |  |                                                  |  |  |                          |  |                              |                    |                               |                                     |  |
| <b>CITY</b><br>Copiague                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    | <b>STATE</b><br>NY            |                                                                                                                                                                | <b>ZIP CODE</b><br>11726 |                                             |  |  |                                                                       |  |                                                  |  |  |                          |  |                              |                    |                               |                                     |  |
| <b>2. NAME OF CANDIDATE</b><br>Gordon, Jacqueline, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                               | <b>3. OFFICE SOUGHT</b> (State and District)<br>House NY 02                                                                                                    |                          |                                             |  |  |                                                                       |  |                                                  |  |  |                          |  |                              |                    |                               |                                     |  |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00706549                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                               |                                                                                                                                                                |                          |                                             |  |  |                                                                       |  |                                                  |  |  |                          |  |                              |                    |                               |                                     |  |
| <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 ____ / ____ / ____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                               |                                                                                                                                                                |                          |                                             |  |  |                                                                       |  |                                                  |  |  |                          |  |                              |                    |                               |                                     |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> <b>A. FULL NAME</b><br/>                     Conway, Ronald, , ,                 </td> <td colspan="2">                     Name of Employer<br/>                     Date (month, day, year)<br/>                     Amount                 </td> </tr> <tr> <td colspan="3"> <b>MAILING ADDRESS</b><br/>                     950 Mason St<br/>                     # 1299                 </td> <td colspan="2">                     Transaction ID : 5133777                 </td> </tr> <tr> <td> <b>CITY</b><br/>                     San Francisco                 </td> <td> <b>STATE</b><br/>                     CA                 </td> <td> <b>ZIP CODE</b><br/>                     94108-6000                 </td> <td colspan="2">                     Occupation<br/>                     08/17/2022<br/>                     1000.00                 </td> </tr> </table>             |                    |                               |                                                                                                                                                                |                          | <b>A. FULL NAME</b><br>Conway, Ronald, , ,  |  |  | Name of Employer<br>Date (month, day, year)<br>Amount                 |  | <b>MAILING ADDRESS</b><br>950 Mason St<br># 1299 |  |  | Transaction ID : 5133777 |  | <b>CITY</b><br>San Francisco | <b>STATE</b><br>CA | <b>ZIP CODE</b><br>94108-6000 | Occupation<br>08/17/2022<br>1000.00 |  |
| <b>A. FULL NAME</b><br>Conway, Ronald, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                               | Name of Employer<br>Date (month, day, year)<br>Amount                                                                                                          |                          |                                             |  |  |                                                                       |  |                                                  |  |  |                          |  |                              |                    |                               |                                     |  |
| <b>MAILING ADDRESS</b><br>950 Mason St<br># 1299                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                               | Transaction ID : 5133777                                                                                                                                       |                          |                                             |  |  |                                                                       |  |                                                  |  |  |                          |  |                              |                    |                               |                                     |  |
| <b>CITY</b><br>San Francisco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>STATE</b><br>CA | <b>ZIP CODE</b><br>94108-6000 | Occupation<br>08/17/2022<br>1000.00                                                                                                                            |                          |                                             |  |  |                                                                       |  |                                                  |  |  |                          |  |                              |                    |                               |                                     |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> <b>B. FULL NAME</b><br/>                     Haber, Adam, , ,                 </td> <td colspan="2">                     Name of Employer<br/>                     Self<br/>                     Date (month, day, year)<br/>                     Amount                 </td> </tr> <tr> <td colspan="3"> <b>MAILING ADDRESS</b><br/>                     35 Crabapple Dr                 </td> <td colspan="2">                     Transaction ID : 5132993                 </td> </tr> <tr> <td> <b>CITY</b><br/>                     Roslyn                 </td> <td> <b>STATE</b><br/>                     NY                 </td> <td> <b>ZIP CODE</b><br/>                     11576-2300                 </td> <td colspan="2">                     Occupation<br/>                     08/17/2022<br/>                     1000.00                 </td> </tr> </table>                      |                    |                               |                                                                                                                                                                |                          | <b>B. FULL NAME</b><br>Haber, Adam, , ,     |  |  | Name of Employer<br>Self<br>Date (month, day, year)<br>Amount         |  | <b>MAILING ADDRESS</b><br>35 Crabapple Dr        |  |  | Transaction ID : 5132993 |  | <b>CITY</b><br>Roslyn        | <b>STATE</b><br>NY | <b>ZIP CODE</b><br>11576-2300 | Occupation<br>08/17/2022<br>1000.00 |  |
| <b>B. FULL NAME</b><br>Haber, Adam, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                               | Name of Employer<br>Self<br>Date (month, day, year)<br>Amount                                                                                                  |                          |                                             |  |  |                                                                       |  |                                                  |  |  |                          |  |                              |                    |                               |                                     |  |
| <b>MAILING ADDRESS</b><br>35 Crabapple Dr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                               | Transaction ID : 5132993                                                                                                                                       |                          |                                             |  |  |                                                                       |  |                                                  |  |  |                          |  |                              |                    |                               |                                     |  |
| <b>CITY</b><br>Roslyn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>STATE</b><br>NY | <b>ZIP CODE</b><br>11576-2300 | Occupation<br>08/17/2022<br>1000.00                                                                                                                            |                          |                                             |  |  |                                                                       |  |                                                  |  |  |                          |  |                              |                    |                               |                                     |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> <b>C. FULL NAME</b><br/>                     Hess, Lawrence, E, ,                 </td> <td colspan="2">                     Name of Employer<br/>                     Not Employed<br/>                     Date (month, day, year)<br/>                     Amount                 </td> </tr> <tr> <td colspan="3"> <b>MAILING ADDRESS</b><br/>                     6309 Cypress Point Rd                 </td> <td colspan="2">                     Transaction ID : 5132990                 </td> </tr> <tr> <td> <b>CITY</b><br/>                     San Diego                 </td> <td> <b>STATE</b><br/>                     CA                 </td> <td> <b>ZIP CODE</b><br/>                     92120-3816                 </td> <td colspan="2">                     Occupation<br/>                     08/17/2022<br/>                     2900.00                 </td> </tr> </table> |                    |                               |                                                                                                                                                                |                          | <b>C. FULL NAME</b><br>Hess, Lawrence, E, , |  |  | Name of Employer<br>Not Employed<br>Date (month, day, year)<br>Amount |  | <b>MAILING ADDRESS</b><br>6309 Cypress Point Rd  |  |  | Transaction ID : 5132990 |  | <b>CITY</b><br>San Diego     | <b>STATE</b><br>CA | <b>ZIP CODE</b><br>92120-3816 | Occupation<br>08/17/2022<br>2900.00 |  |
| <b>C. FULL NAME</b><br>Hess, Lawrence, E, ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                               | Name of Employer<br>Not Employed<br>Date (month, day, year)<br>Amount                                                                                          |                          |                                             |  |  |                                                                       |  |                                                  |  |  |                          |  |                              |                    |                               |                                     |  |
| <b>MAILING ADDRESS</b><br>6309 Cypress Point Rd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                               | Transaction ID : 5132990                                                                                                                                       |                          |                                             |  |  |                                                                       |  |                                                  |  |  |                          |  |                              |                    |                               |                                     |  |
| <b>CITY</b><br>San Diego                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>STATE</b><br>CA | <b>ZIP CODE</b><br>92120-3816 | Occupation<br>08/17/2022<br>2900.00                                                                                                                            |                          |                                             |  |  |                                                                       |  |                                                  |  |  |                          |  |                              |                    |                               |                                     |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> <b>D. FULL NAME</b><br/>                     Hess, Suzanne, , ,                 </td> <td colspan="2">                     Name of Employer<br/>                     Not Employed<br/>                     Date (month, day, year)<br/>                     Amount                 </td> </tr> <tr> <td colspan="3"> <b>MAILING ADDRESS</b><br/>                     6309 Cypress Point Rd                 </td> <td colspan="2">                     Transaction ID : 5132988                 </td> </tr> <tr> <td> <b>CITY</b><br/>                     San Diego                 </td> <td> <b>STATE</b><br/>                     CA                 </td> <td> <b>ZIP CODE</b><br/>                     92120-3816                 </td> <td colspan="2">                     Occupation<br/>                     08/17/2022<br/>                     2900.00                 </td> </tr> </table>   |                    |                               |                                                                                                                                                                |                          | <b>D. FULL NAME</b><br>Hess, Suzanne, , ,   |  |  | Name of Employer<br>Not Employed<br>Date (month, day, year)<br>Amount |  | <b>MAILING ADDRESS</b><br>6309 Cypress Point Rd  |  |  | Transaction ID : 5132988 |  | <b>CITY</b><br>San Diego     | <b>STATE</b><br>CA | <b>ZIP CODE</b><br>92120-3816 | Occupation<br>08/17/2022<br>2900.00 |  |
| <b>D. FULL NAME</b><br>Hess, Suzanne, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                               | Name of Employer<br>Not Employed<br>Date (month, day, year)<br>Amount                                                                                          |                          |                                             |  |  |                                                                       |  |                                                  |  |  |                          |  |                              |                    |                               |                                     |  |
| <b>MAILING ADDRESS</b><br>6309 Cypress Point Rd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                               | Transaction ID : 5132988                                                                                                                                       |                          |                                             |  |  |                                                                       |  |                                                  |  |  |                          |  |                              |                    |                               |                                     |  |
| <b>CITY</b><br>San Diego                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>STATE</b><br>CA | <b>ZIP CODE</b><br>92120-3816 | Occupation<br>08/17/2022<br>2900.00                                                                                                                            |                          |                                             |  |  |                                                                       |  |                                                  |  |  |                          |  |                              |                    |                               |                                     |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> <b>E. FULL NAME</b><br/>                     Hess, Suzanne, , ,                 </td> <td colspan="2">                     Name of Employer<br/>                     Not Employed<br/>                     Date (month, day, year)<br/>                     Amount                 </td> </tr> <tr> <td colspan="3"> <b>MAILING ADDRESS</b><br/>                     6309 Cypress Point Rd                 </td> <td colspan="2">                     Transaction ID : 5132989                 </td> </tr> <tr> <td> <b>CITY</b><br/>                     San Diego                 </td> <td> <b>STATE</b><br/>                     CA                 </td> <td> <b>ZIP CODE</b><br/>                     92120-3816                 </td> <td colspan="2">                     Occupation<br/>                     08/17/2022<br/>                     1100.00                 </td> </tr> </table>   |                    |                               |                                                                                                                                                                |                          | <b>E. FULL NAME</b><br>Hess, Suzanne, , ,   |  |  | Name of Employer<br>Not Employed<br>Date (month, day, year)<br>Amount |  | <b>MAILING ADDRESS</b><br>6309 Cypress Point Rd  |  |  | Transaction ID : 5132989 |  | <b>CITY</b><br>San Diego     | <b>STATE</b><br>CA | <b>ZIP CODE</b><br>92120-3816 | Occupation<br>08/17/2022<br>1100.00 |  |
| <b>E. FULL NAME</b><br>Hess, Suzanne, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                               | Name of Employer<br>Not Employed<br>Date (month, day, year)<br>Amount                                                                                          |                          |                                             |  |  |                                                                       |  |                                                  |  |  |                          |  |                              |                    |                               |                                     |  |
| <b>MAILING ADDRESS</b><br>6309 Cypress Point Rd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                               | Transaction ID : 5132989                                                                                                                                       |                          |                                             |  |  |                                                                       |  |                                                  |  |  |                          |  |                              |                    |                               |                                     |  |
| <b>CITY</b><br>San Diego                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>STATE</b><br>CA | <b>ZIP CODE</b><br>92120-3816 | Occupation<br>08/17/2022<br>1100.00                                                                                                                            |                          |                                             |  |  |                                                                       |  |                                                  |  |  |                          |  |                              |                    |                               |                                     |  |
| <b>SIGNATURE (optional)</b><br>Murray, Allison, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                               | <b>DATE</b><br>08/19/2022                                                                                                                                      |                          |                                             |  |  |                                                                       |  |                                                  |  |  |                          |  |                              |                    |                               |                                     |  |
| [Electronically Filed]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                               | <b>For further information contact:</b><br>Federal Election Commission<br>999 E Street, NW, Washington, DC 20463<br>Toll Free 800-424-9530, Local 202-694-1100 |                          |                                             |  |  |                                                                       |  |                                                  |  |  |                          |  |                              |                    |                               |                                     |  |

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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)

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>Jackie Gordon for Congress                                                                                                              |  |                                                                                                              |  |
| ADDRESS (number and street) PO Box 456                                                                                                                                  |  |                                                                                                              |  |
| CITY, STATE, and ZIP CODE<br>Copiague NY 11726                                                                                                                          |  |                                                                                                              |  |
| 2. NAME OF CANDIDATE<br>Gordon, Jacqueline, , ,                                                                                                                         |  | 3. OFFICE SOUGHT (State and District)<br>House NY 02                                                         |  |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00706549                                                                    |  |
| 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                                                                                                                              |  |                                                                                                              |  |
| Laird, Jo, , ,<br><br>54 Riverside Dr<br><br>New York NY 10024-6509                                                                                                     |  | Name of Employer<br>Patterson Belknap Webb & Tyler<br><br>Transaction ID : 5133770<br>Occupation<br>Attorney |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>08/17/2022                                                                        |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                            |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                              |  |
| Landman, Frederick, , ,<br><br>146 Clapboard Ridge Rd<br><br>Greenwich CT 06831-3351                                                                                    |  | Name of Employer<br>NOT EMPLOYED<br><br>Transaction ID : 5133771<br>Occupation<br>NOT EMPLOYED               |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>08/17/2022                                                                        |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                            |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                              |  |
| Lifschultz, Carey, , ,<br><br>3020 Clay St<br><br>San Francisco CA 94115-1624                                                                                           |  | Name of Employer<br>NOT EMPLOYED<br><br>Transaction ID : 5133776<br>Occupation<br>NOT EMPLOYED               |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>08/17/2022                                                                        |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                            |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                              |  |
| Rauch, Marc, , ,<br><br>455 Central Park W<br>Apt 10A<br>New York NY 10025-3873                                                                                         |  | Name of Employer<br>self<br><br>Transaction ID : 5132991<br>Occupation                                       |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>08/17/2022                                                                        |  |
|                                                                                                                                                                         |  | Amount<br>2000.00                                                                                            |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                              |  |
| Rubinstein, Joel, , ,<br><br>2023 28th Ave<br><br>San Francisco CA 94116-1160                                                                                           |  | Name of Employer<br>self<br><br>Transaction ID : 5133775<br>Occupation<br>consultant                         |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>08/17/2022                                                                        |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                            |  |

continuation page

# 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

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|                                                                                                                                                                                |  |                                                               |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------|--|
| <b>1. NAME OF COMMITTEE IN FULL</b><br>Jackie Gordon for Congress                                                                                                              |  |                                                               |  |
| <b>ADDRESS</b> (number and street) PO Box 456                                                                                                                                  |  |                                                               |  |
| <b>CITY, STATE, and ZIP CODE</b><br>Copiague NY 11726                                                                                                                          |  |                                                               |  |
| <b>2. NAME OF CANDIDATE</b><br>Gordon, Jacqueline, , ,                                                                                                                         |  | <b>3. OFFICE SOUGHT</b> (State and District)<br>House NY 02   |  |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00706549                                                                                                                               |  | <i>continuation page</i>                                      |  |
| <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, MAILING ADDRESS AND ZIP CODE</b><br>Sabel, Sylvia, , ,<br>2023 28th Ave<br>San Francisco CA 94116-1160                                                        |  |                                                               |  |
| Name of Employer<br>Not Employed                                                                                                                                               |  | Date (month, day, year)<br>08/17/2022                         |  |
| Amount<br>1000.00                                                                                                                                                              |  | <b>Transaction ID : 5133774</b><br>Occupation<br>Not Employed |  |
| <b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b><br>Steves, Buddy, , ,<br>2320 Blue Bonnet Blvd<br>Houston TX 77030-3602                                                      |  |                                                               |  |
| Name of Employer<br>RT Specialty                                                                                                                                               |  | Date (month, day, year)<br>08/17/2022                         |  |
| Amount<br>1000.00                                                                                                                                                              |  | <b>Transaction ID : 5133772</b><br>Occupation<br>Insurance    |  |
| <b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b><br><br>                                                                                                                      |  |                                                               |  |
| Name of Employer<br><br>                                                                                                                                                       |  | Date (month, day, year)<br><br>                               |  |
| Amount<br><br>                                                                                                                                                                 |  | Occupation<br><br>                                            |  |
| <b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b><br><br>                                                                                                                      |  |                                                               |  |
| Name of Employer<br><br>                                                                                                                                                       |  | Date (month, day, year)<br><br>                               |  |
| Amount<br><br>                                                                                                                                                                 |  | Occupation<br><br>                                            |  |
| <b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b><br><br>                                                                                                                      |  |                                                               |  |
| Name of Employer<br><br>                                                                                                                                                       |  | Date (month, day, year)<br><br>                               |  |
| Amount<br><br>                                                                                                                                                                 |  | Occupation<br><br>                                            |  |