

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 George Latimer for Congress				
ADDRESS (number and street) P.O. Box 789				
CITY White Plains		STATE NY	ZIP CODE 10602	
2. NAME OF CANDIDATE Latimer, George, , ,			3. OFFICE SOUGHT (State and District) House NY 16	
4. FEC IDENTIFICATION NUMBER C00859041				
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____				
A. FULL NAME Bell, Lawrence, , ,		Name of Employer Golenbock Eiseman Assor Bell & Peskoe		Date (month, day, year) 06/17/2024
MAILING ADDRESS 1025 Seven Oaks Ln		Transaction ID : 11198564		Amount 2000.00
CITY Mamaroneck	STATE NY	ZIP CODE 10543-4720	Occupation Attorney	
B. FULL NAME Cutler, Randi, , ,		Name of Employer Not Employed		Date (month, day, year) 06/17/2024
MAILING ADDRESS 220 Boylston St		Transaction ID : 11174585		Amount 3300.00
CITY Boston	STATE MA	ZIP CODE 02116-3929	Occupation Not Employed	
C. FULL NAME Cutler, Randi, , ,		Name of Employer Not Employed		Date (month, day, year) 06/17/2024
MAILING ADDRESS 220 Boylston St		Transaction ID : 11204068		Amount 3300.00
CITY Boston	STATE MA	ZIP CODE 02116-3929	Occupation Not Employed	
D. FULL NAME Freedman, Deborah, S, ,		Name of Employer		Date (month, day, year) 06/17/2024
MAILING ADDRESS 20 Forester Dr		Transaction ID : 11198521		Amount 1000.00
CITY Princeton	STATE NJ	ZIP CODE 08540-5329	Occupation	
E. FULL NAME Gringlas, Marcy, B, ,		Name of Employer Self Employed		Date (month, day, year) 06/17/2024
MAILING ADDRESS 727 Merion Square Rd		Transaction ID : 11198575		Amount 3300.00
CITY Gladwyne	STATE PA	ZIP CODE 19035-1505	Occupation Psychologist	
SIGNATURE (optional) Presser, Steven, , ,			DATE 06/18/2024	For further information, contact the Federal Election Commission 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)

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Halperin, Lucy, , , 25 Stratford Rd Harrison NY 10528-1122		Name of Employer Self Employed Transaction ID : 11193316 Occupation Consultant	Date (month, day, year) 06/17/2024 Amount 1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Lisky, Richard, G, , 1301 Avenue Of The Americas New York NY 10019-6022		Name of Employer Arent Fox LLP Transaction ID : 11195799 Occupation Attorney	Date (month, day, year) 06/17/2024 Amount 1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Marsh, Ilona, , , 9 Mulligan Ln Irvington NY 10533-1105		Name of Employer Not Employed Transaction ID : 11195760 Occupation Not Employed	Date (month, day, year) 06/17/2024 Amount 3300.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Schwalb, J. Frederic, , , PO Box 383 Croton On Hudson NY 10520-0383		Name of Employer Hebrew Congregation Of Somers Transaction ID : 11196947 Occupation Rabbi	Date (month, day, year) 06/17/2024 Amount 1300.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Schwartz, James, E, , 16 Carriage House Ln Mamaroneck NY 10543-1004		Name of Employer Kucker Marino Transaction ID : 11203397 Occupation Lawyer	Date (month, day, year) 06/17/2024 Amount 1000.00

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Stein, Benjamin, , , 24 Leonard St Apt 3 New York NY 10013-3195		Name of Employer Self Employed Transaction ID : 11193789 Occupation Finance	
		Date (month, day, year) 06/17/2024	Amount 3300.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer	
		Date (month, day, year)	
		Amount	
		Occupation	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer	
		Date (month, day, year)	
		Amount	
		Occupation	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer	
		Date (month, day, year)	
		Amount	
		Occupation	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer	
		Date (month, day, year)	
		Amount	
		Occupation	

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