

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 Landsman for Congress			
ADDRESS (number and street) PO Box 68033			
CITY Cincinnati	STATE OH	ZIP CODE 45206	
2. NAME OF CANDIDATE Landsman, Greg, , ,		3. OFFICE SOUGHT (State and District) House OH 01	
		4. FEC IDENTIFICATION NUMBER C00800276	
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 Benkin, Richard, , ,			
MAILING ADDRESS 521 N Pine St			
CITY Mt Prospect	STATE IL	ZIP CODE 60056-2056	Transaction ID : 9918266
B. FULL NAME Block, Alexander, , ,		MAILING ADDRESS 4246 Whispering Pines Ct	
CITY Encino	STATE CA	ZIP CODE 91316-4458	Transaction ID : 9920273
C. FULL NAME Healey, Melanie, , ,		MAILING ADDRESS 8675 Indian Hill Rd	
CITY Cincinnati	STATE OH	ZIP CODE 45243-3707	Transaction ID : 9935336
D. FULL NAME Kahn, Thomas, , ,		MAILING ADDRESS 4821 Foxhall Cres NW	
CITY Washington	STATE DC	ZIP CODE 20007-1052	Transaction ID : 9917849
E. FULL NAME Matis, Nina, , ,		MAILING ADDRESS 257 Central Park W	
CITY New York	STATE NY	ZIP CODE 10024-4103	Transaction ID : 9925036
SIGNATURE (optional) <i>Peterson, Jay, , ,</i>		DATE 04/28/2026	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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A. FULL NAME, MAILING ADDRESS AND ZIP CODE Rockman, John, , , 4645 Rubio Ave Encino CA 91436-3203	Name of Employer Self Employed Transaction ID : 9918272 Occupation Digital Advertising	Date (month, day, year) 04/26/2026	Amount 1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
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