

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 Pat Ryan for Congress																					
ADDRESS (number and street) PO Box 2113																					
CITY Kingston		STATE NY		ZIP CODE 12402																	
2. NAME OF CANDIDATE Ryan, Pat, , ,			3. OFFICE SOUGHT (State and District) House NY 18																		
4. FEC IDENTIFICATION NUMBER C00815290																					
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 Dupree, Michael, F, , </td> <td colspan="2"> Name of Employer Retired </td> <td rowspan="3"> Date (month, day, year) 08/13/2022 </td> <td rowspan="3"> Amount 2900.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 30 Curry Ln # 19 </td> <td colspan="2"> Transaction ID : 4250967 </td> </tr> <tr> <td> CITY Hyde Park </td> <td> STATE NY </td> <td> ZIP CODE 12538-1220 </td> <td colspan="2"> Occupation Investor </td> </tr> </table>					A. FULL NAME Dupree, Michael, F, ,			Name of Employer Retired		Date (month, day, year) 08/13/2022	Amount 2900.00	MAILING ADDRESS 30 Curry Ln # 19			Transaction ID : 4250967		CITY Hyde Park	STATE NY	ZIP CODE 12538-1220	Occupation Investor	
A. FULL NAME Dupree, Michael, F, ,			Name of Employer Retired		Date (month, day, year) 08/13/2022	Amount 2900.00															
MAILING ADDRESS 30 Curry Ln # 19			Transaction ID : 4250967																		
CITY Hyde Park	STATE NY	ZIP CODE 12538-1220	Occupation Investor																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> B. FULL NAME Fleischer, Michael, E, , </td> <td colspan="2"> Name of Employer Retired </td> <td rowspan="3"> Date (month, day, year) 08/13/2022 </td> <td rowspan="3"> Amount 2900.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 30 Curry Ln </td> <td colspan="2"> Transaction ID : 4250975 </td> </tr> <tr> <td> CITY Hyde Park </td> <td> STATE NY </td> <td> ZIP CODE 12538-1220 </td> <td colspan="2"> Occupation Investor </td> </tr> </table>					B. FULL NAME Fleischer, Michael, E, ,			Name of Employer Retired		Date (month, day, year) 08/13/2022	Amount 2900.00	MAILING ADDRESS 30 Curry Ln			Transaction ID : 4250975		CITY Hyde Park	STATE NY	ZIP CODE 12538-1220	Occupation Investor	
B. FULL NAME Fleischer, Michael, E, ,			Name of Employer Retired		Date (month, day, year) 08/13/2022	Amount 2900.00															
MAILING ADDRESS 30 Curry Ln			Transaction ID : 4250975																		
CITY Hyde Park	STATE NY	ZIP CODE 12538-1220	Occupation Investor																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> C. FULL NAME </td> <td colspan="2"> Name of Employer </td> <td rowspan="3"> Date (month, day, year) </td> <td rowspan="3"> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td colspan="2"> Occupation </td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td colspan="2"> Occupation </td> </tr> </table>					C. FULL NAME			Name of Employer		Date (month, day, year)	Amount	MAILING ADDRESS			Occupation		CITY	STATE	ZIP CODE	Occupation	
C. FULL NAME			Name of Employer		Date (month, day, year)	Amount															
MAILING ADDRESS			Occupation																		
CITY	STATE	ZIP CODE	Occupation																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> D. FULL NAME </td> <td colspan="2"> Name of Employer </td> <td rowspan="3"> Date (month, day, year) </td> <td rowspan="3"> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td colspan="2"> Occupation </td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td colspan="2"> Occupation </td> </tr> </table>					D. FULL NAME			Name of Employer		Date (month, day, year)	Amount	MAILING ADDRESS			Occupation		CITY	STATE	ZIP CODE	Occupation	
D. FULL NAME			Name of Employer		Date (month, day, year)	Amount															
MAILING ADDRESS			Occupation																		
CITY	STATE	ZIP CODE	Occupation																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> E. FULL NAME </td> <td colspan="2"> Name of Employer </td> <td rowspan="3"> Date (month, day, year) </td> <td rowspan="3"> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td colspan="2"> Occupation </td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td colspan="2"> Occupation </td> </tr> </table>					E. FULL NAME			Name of Employer		Date (month, day, year)	Amount	MAILING ADDRESS			Occupation		CITY	STATE	ZIP CODE	Occupation	
E. FULL NAME			Name of Employer		Date (month, day, year)	Amount															
MAILING ADDRESS			Occupation																		
CITY	STATE	ZIP CODE	Occupation																		
SIGNATURE (optional) Brown, Wyatt, , ,				DATE 08/15/2022		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)

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F6N

Transaction ID :

Candidate for office in the New York 19th district special election and the 18th district primary and general elections

Form/Schedule:

Transaction ID: