

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>KIGGANS FOR CONGRESS                                                                                                                    |             |                    |                                                                                                       |                                                                                           |
| ADDRESS (number and street) P.O. BOX 5042                                                                                                                               |             |                    |                                                                                                       |                                                                                           |
| CITY<br>VIRGINIA BEACH                                                                                                                                                  |             | STATE<br>VA        |                                                                                                       | ZIP CODE<br>23471                                                                         |
| 2. NAME OF CANDIDATE<br>KIGGANS, JENNIFER, , ,                                                                                                                          |             |                    | 3. OFFICE SOUGHT (State and District)<br>House VA 02                                                  |                                                                                           |
|                                                                                                                                                                         |             |                    | 4. FEC IDENTIFICATION NUMBER<br>C00776120                                                             |                                                                                           |
| 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<br>KOHEN, RUTH, , ,                                                                                                                                        |             |                    |                                                                                                       | Name of Employer<br>RETIRED<br><br>Transaction ID : TX131941<br><br>Occupation<br>RETIRED |
| MAILING ADDRESS<br>5428 PARKWOOD LANE                                                                                                                                   |             |                    |                                                                                                       |                                                                                           |
| CITY<br>MERCER ISLAND                                                                                                                                                   | STATE<br>WA | ZIP CODE<br>98040- |                                                                                                       |                                                                                           |
| Date (month, day, year)<br>06/03/2024                                                                                                                                   |             |                    |                                                                                                       |                                                                                           |
| Amount<br>2000.00                                                                                                                                                       |             |                    |                                                                                                       |                                                                                           |
| B. FULL NAME                                                                                                                                                            |             |                    |                                                                                                       | Name of Employer                                                                          |
| MAILING ADDRESS                                                                                                                                                         |             |                    |                                                                                                       |                                                                                           |
| CITY                                                                                                                                                                    | STATE       | ZIP CODE           |                                                                                                       |                                                                                           |
| Occupation                                                                                                                                                              |             |                    |                                                                                                       |                                                                                           |
| C. FULL NAME                                                                                                                                                            |             |                    |                                                                                                       | Name of Employer                                                                          |
| MAILING ADDRESS                                                                                                                                                         |             |                    |                                                                                                       |                                                                                           |
| CITY                                                                                                                                                                    | STATE       | ZIP CODE           |                                                                                                       |                                                                                           |
| Occupation                                                                                                                                                              |             |                    |                                                                                                       |                                                                                           |
| D. FULL NAME                                                                                                                                                            |             |                    |                                                                                                       | Name of Employer                                                                          |
| MAILING ADDRESS                                                                                                                                                         |             |                    |                                                                                                       |                                                                                           |
| CITY                                                                                                                                                                    | STATE       | ZIP CODE           |                                                                                                       |                                                                                           |
| Occupation                                                                                                                                                              |             |                    |                                                                                                       |                                                                                           |
| E. FULL NAME                                                                                                                                                            |             |                    |                                                                                                       | Name of Employer                                                                          |
| MAILING ADDRESS                                                                                                                                                         |             |                    |                                                                                                       |                                                                                           |
| CITY                                                                                                                                                                    | STATE       | ZIP CODE           |                                                                                                       |                                                                                           |
| Occupation                                                                                                                                                              |             |                    |                                                                                                       |                                                                                           |
| SIGNATURE (optional)<br>MELTON, KAYLEN, , ,                                                                                                                             |             |                    | DATE<br>06/05/2024                                                                                    |                                                                                           |
|                                                                                                                                                                         |             |                    | 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.