

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>SHERI BIGGS FOR CONGRESS                                                                                                                |             |                                                      |                                      |                                                                                                             |
| ADDRESS (number and street) PO BOX 2685                                                                                                                                 |             |                                                      |                                      |                                                                                                             |
| CITY<br>ANDERSON                                                                                                                                                        |             | STATE<br>SC                                          |                                      | ZIP CODE<br>29622-2685                                                                                      |
| 2. NAME OF CANDIDATE<br>BIGGS, SHERI, , ,                                                                                                                               |             | 3. OFFICE SOUGHT (State and District)<br>House SC 03 |                                      | 4. FEC IDENTIFICATION NUMBER<br>C00866426                                                                   |
| 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>WRIGHT, JOHN, B, ,                                                                                                                                      |             | Name of Employer<br>MCCOY WRIGHT, INC.               |                                      | Date (month, day, year)<br>10/27/2024                                                                       |
| MAILING ADDRESS<br>1001 PLUM LN                                                                                                                                         |             | Transaction ID : 67D64F5CE3F0B4094                   |                                      | Amount<br>3300.00                                                                                           |
| CITY<br>ANDERSON                                                                                                                                                        | STATE<br>SC | ZIP CODE<br>29621-3568                               | Occupation<br>COMMERCIAL REAL ESTATE |                                                                                                             |
| B. FULL NAME                                                                                                                                                            |             | Name of Employer                                     |                                      | Date (month, day, year)                                                                                     |
| MAILING ADDRESS                                                                                                                                                         |             |                                                      |                                      | Amount                                                                                                      |
| CITY                                                                                                                                                                    | STATE       | ZIP CODE                                             | Occupation                           |                                                                                                             |
| C. FULL NAME                                                                                                                                                            |             | Name of Employer                                     |                                      | Date (month, day, year)                                                                                     |
| MAILING ADDRESS                                                                                                                                                         |             |                                                      |                                      | Amount                                                                                                      |
| CITY                                                                                                                                                                    | STATE       | ZIP CODE                                             | Occupation                           |                                                                                                             |
| D. FULL NAME                                                                                                                                                            |             | Name of Employer                                     |                                      | Date (month, day, year)                                                                                     |
| MAILING ADDRESS                                                                                                                                                         |             |                                                      |                                      | Amount                                                                                                      |
| CITY                                                                                                                                                                    | STATE       | ZIP CODE                                             | Occupation                           |                                                                                                             |
| E. FULL NAME                                                                                                                                                            |             | Name of Employer                                     |                                      | Date (month, day, year)                                                                                     |
| MAILING ADDRESS                                                                                                                                                         |             |                                                      |                                      | Amount                                                                                                      |
| CITY                                                                                                                                                                    | STATE       | ZIP CODE                                             | Occupation                           |                                                                                                             |
| SIGNATURE (optional)<br>DATWYLER, THOMAS, , ,                                                                                                                           |             |                                                      | DATE<br>10/28/2024                   | For further information,<br>contact the Federal Election Commission<br>at 800-424-9530 or visit www.fec.gov |

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