

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 Dr. Kim Schrier for Congress					
ADDRESS (number and street) PO Box 2728					
CITY Issaquah		STATE WA		ZIP CODE 98027	
2. NAME OF CANDIDATE Schrier, Kim, , ,			3. OFFICE SOUGHT (State and District) House WA 08		4. FEC IDENTIFICATION NUMBER C00652628
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____					
A. FULL NAME AMERICAN GASTROENTEROLOGICAL ASSOCIATION INC. PAC				Name of Employer	
MAILING ADDRESS 4926 Del Ray Ave				Date (month, day, year) 10/19/2024	
CITY Bethesda		STATE MD		ZIP CODE 20814-2512	
				Amount 2500.00	
B. FULL NAME Aslanian, Joel, , ,				Name of Employer	
MAILING ADDRESS 1124 20Th Ave E				Date (month, day, year) 10/18/2024	
CITY Seattle		STATE WA		ZIP CODE 98112-3509	
				Amount 1000.00	
C. FULL NAME Bloch, Will, , ,				Name of Employer	
MAILING ADDRESS 75 El Camino Real				Date (month, day, year) 10/19/2024	
CITY White Salmon		STATE WA		ZIP CODE 98672-8904	
				Amount 1000.00	
D. FULL NAME Cowan, Keith, , ,				Name of Employer	
MAILING ADDRESS 3709 SW Trenton St				Date (month, day, year) 10/18/2024	
CITY Seattle		STATE WA		ZIP CODE 98126-3642	
				Amount 1000.00	
E. FULL NAME Meister, Margaret, , ,				Name of Employer	
MAILING ADDRESS 842 Kirkland Ave				Date (month, day, year) 10/19/2024	
CITY Kirkland		STATE WA		ZIP CODE 98033-6318	
				Amount 1500.00	
SIGNATURE (optional) Pettersen, Jay, , ,				DATE 10/20/2024	
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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ADDRESS (number and street) PO Box 2728			
CITY, STATE, and ZIP CODE Issaquah WA 98027			
2. NAME OF CANDIDATE Schrier, Kim, , ,		3. OFFICE SOUGHT (State and District) House WA 08	
		4. FEC IDENTIFICATION NUMBER C00652628	
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
continuation page			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE Paynter, Mary, , , 2920 Alki Ave SW Apt 410 Seattle WA 98116-2767		Name of Employer Not Employed Transaction ID : 21571512 Occupation Retired Date (month, day, year) 10/18/2024 Amount 100.00	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Paynter, Mary, , , 2920 Alki Ave SW Apt 410 Seattle WA 98116-2767		Name of Employer Not Employed Transaction ID : 21571521 Occupation Retired Date (month, day, year) 10/18/2024 Amount 1400.00	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE SCOTT FOR CONGRESS PO Box 251 Newport News VA 23607-0251		Name of Employer Transaction ID : 21588846 Occupation Date (month, day, year) 10/18/2024 Amount 1000.00	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Sperring, Jeff, , , 2800 NW 62Nd St Seattle WA 98107-2512		Name of Employer Seattle Childrens Transaction ID : 21578107 Occupation Physician Date (month, day, year) 10/19/2024 Amount 1000.00	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Yohalem, Lisa, , , 80 E Roanoke St Unit 16 Seattle WA 98102-3285		Name of Employer HealthPoint Transaction ID : 21568707 Occupation Administrator Date (month, day, year) 10/18/2024 Amount 1000.00	