

# 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>SHIVA 4 SENATE                                                                                                                          |  |             |                                                       |                    |
| ADDRESS (number and street) 701 CONCORD AVE                                                                                                                             |  |             |                                                       |                    |
| CITY<br>CAMBRIDGE                                                                                                                                                       |  | STATE<br>MA |                                                       | ZIP CODE<br>02138  |
| 2. NAME OF CANDIDATE<br>Ayyadurai, Shiva Dr., , ,                                                                                                                       |  |             | 3. OFFICE SOUGHT (State and District)<br>Senate MA 00 |                    |
| 4. FEC IDENTIFICATION NUMBER<br>C00936542                                                                                                                               |  |             |                                                       |                    |
| 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>Sweas, Kathryn, , ,                                                                                                                                     |  |             | Name of Employer<br>Powell Valley Assisted Living     |                    |
| MAILING ADDRESS<br>3826 SE 166th Ct.                                                                                                                                    |  |             | Date (month, day, year)<br>08/24/2026                 |                    |
| CITY<br>Portland                                                                                                                                                        |  |             | Amount<br>3400.00                                     |                    |
| STATE<br>OR                                                                                                                                                             |  |             | Transaction ID : F6.5126                              |                    |
| ZIP CODE<br>97236                                                                                                                                                       |  |             | Occupation<br>RN                                      |                    |
| B. FULL NAME                                                                                                                                                            |  |             | Name of Employer                                      |                    |
| MAILING ADDRESS                                                                                                                                                         |  |             | Date (month, day, year)                               |                    |
| CITY                                                                                                                                                                    |  |             | Amount                                                |                    |
| STATE                                                                                                                                                                   |  |             |                                                       |                    |
| ZIP CODE                                                                                                                                                                |  |             | Occupation                                            |                    |
| C. FULL NAME                                                                                                                                                            |  |             | Name of Employer                                      |                    |
| MAILING ADDRESS                                                                                                                                                         |  |             | Date (month, day, year)                               |                    |
| CITY                                                                                                                                                                    |  |             | Amount                                                |                    |
| STATE                                                                                                                                                                   |  |             |                                                       |                    |
| ZIP CODE                                                                                                                                                                |  |             | Occupation                                            |                    |
| D. FULL NAME                                                                                                                                                            |  |             | Name of Employer                                      |                    |
| MAILING ADDRESS                                                                                                                                                         |  |             | Date (month, day, year)                               |                    |
| CITY                                                                                                                                                                    |  |             | Amount                                                |                    |
| STATE                                                                                                                                                                   |  |             |                                                       |                    |
| ZIP CODE                                                                                                                                                                |  |             | Occupation                                            |                    |
| E. FULL NAME                                                                                                                                                            |  |             | Name of Employer                                      |                    |
| MAILING ADDRESS                                                                                                                                                         |  |             | Date (month, day, year)                               |                    |
| CITY                                                                                                                                                                    |  |             | Amount                                                |                    |
| STATE                                                                                                                                                                   |  |             |                                                       |                    |
| ZIP CODE                                                                                                                                                                |  |             | Occupation                                            |                    |
| SIGNATURE (optional)<br>Ayyadurai, Shiva Dr., , ,                                                                                                                       |  |             |                                                       | DATE<br>08/25/2026 |
| 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)