

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 Cassidy, Bernard, , ,				Name of Employer Juno Therapeutics Transaction ID : 20610085 Occupation Attorney
MAILING ADDRESS 1620 E Prospect St				
CITY Seattle	STATE WA	ZIP CODE 98112-3305		
Date (month, day, year) 07/19/2024				
Amount 3300.00				
B. FULL NAME Cassidy, Bernard, , ,				Name of Employer Juno Therapeutics Transaction ID : 20610086 Occupation Attorney
MAILING ADDRESS 1620 E Prospect St				
CITY Seattle	STATE WA	ZIP CODE 98112-3305		
Date (month, day, year) 07/19/2024				
Amount 1700.00				
C. FULL NAME Cassidy, Denise, B, ,				Name of Employer Not Employed Transaction ID : 20610090 Occupation Not Employed
MAILING ADDRESS 1620 E Prospect St				
CITY Seattle	STATE WA	ZIP CODE 98112-3305		
Date (month, day, year) 07/19/2024				
Amount 3300.00				
D. FULL NAME Cassidy, Denise, B, ,				Name of Employer Not Employed Transaction ID : 20610091 Occupation Not Employed
MAILING ADDRESS 1620 E Prospect St				
CITY Seattle	STATE WA	ZIP CODE 98112-3305		
Date (month, day, year) 07/19/2024				
Amount 33.34				
E. FULL NAME Kenly, Margot, , ,				Name of Employer Not Employed Transaction ID : 20589175 Occupation Not Employed
MAILING ADDRESS 1245 Federal Ave E				
CITY Seattle	STATE WA	ZIP CODE 98102-4329		
Date (month, day, year) 07/19/2024				
Amount 1000.00				
SIGNATURE (optional) Pettersen, Jay, , ,			DATE 07/21/2024	
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.

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continuation page			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE Novick, Leslie, , , 7307 W Green Lake Dr N Seattle WA 98103-4828		Name of Employer Not Employed Transaction ID : 20587326 Occupation Retired Date (month, day, year) 07/19/2024 Amount 1000.00	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Taucher, Martin, , , 130 Waverly Way Kirkland WA 98033-5307		Name of Employer WBWCO LLC DbA Avennia Transaction ID : 20588434 Occupation Winemaking Date (month, day, year) 07/19/2024 Amount 1300.00	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Taucher, Martin, , , 130 Waverly Way Kirkland WA 98033-5307		Name of Employer WBWCO LLC DbA Avennia Transaction ID : 20610058 Occupation Winemaking Date (month, day, year) 07/19/2024 Amount 700.00	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Trompeter, Thomas, , , 1515 Pheasant Ln NW Olympia WA 98502-4343		Name of Employer Not Employed Transaction ID : 20593106 Occupation Retired Date (month, day, year) 07/20/2024 Amount 1000.00	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Walker, Catherine, , , 3626 12Th Ave W Seattle WA 98119-1306		Name of Employer Not Employed Transaction ID : 20594281 Occupation Retired Date (month, day, year) 07/20/2024 Amount 1000.00	

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A. 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 : 20588736 Occupation Administrator	Date (month, day, year) 07/19/2024 Amount 1300.00
B. 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 : 20610050 Occupation Administrator	Date (month, day, year) 07/19/2024 Amount 700.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer Occupation	Date (month, day, year) Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer Occupation	Date (month, day, year) Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer Occupation	Date (month, day, year) Amount

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