

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>Bonnie Watson Coleman for Congress                                                                                                      |             |                                                      |                    |                                                                                                             |
| ADDRESS (number and street) 600 Pennsylvania Ave SE<br>#15180                                                                                                           |             |                                                      |                    |                                                                                                             |
| CITY<br>Washington                                                                                                                                                      |             | STATE<br>DC                                          |                    | ZIP CODE<br>20003                                                                                           |
| 2. NAME OF CANDIDATE<br>Coleman, Bonnie, Watson, ,                                                                                                                      |             | 3. OFFICE SOUGHT (State and District)<br>House NJ 12 |                    | 4. FEC IDENTIFICATION NUMBER<br>C00558437                                                                   |
| 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>Ted Lieu for Congress                                                                                                                                   |             | Name of Employer                                     |                    | Date (month, day, year)                                                                                     |
| MAILING ADDRESS<br>PO Box 1309                                                                                                                                          |             | Transaction ID : 20252530                            |                    | 05/26/2024                                                                                                  |
| CITY<br>Torrance                                                                                                                                                        | STATE<br>CA | ZIP CODE<br>90505-0309                               | Occupation         | Amount<br>2000.00                                                                                           |
| 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>Watson, Aaron, T., ,                                                                                                                            |             |                                                      | DATE<br>05/28/2024 | For further information,<br>contact the Federal Election Commission<br>at 800-424-9530 or visit www.fec.gov |

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