

# 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.

|                                                                                                                                                                             |  |                    |                                                             |                                       |                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|-------------------------------------------------------------|---------------------------------------|--------------------------------------------------|
| <b>1. NAME OF COMMITTEE IN FULL</b><br>Dr. Kim Schrier for Congress                                                                                                         |  |                    |                                                             |                                       |                                                  |
| <b>ADDRESS</b> (number and street) PO Box 2728                                                                                                                              |  |                    |                                                             |                                       |                                                  |
| <b>CITY</b><br>Issaquah                                                                                                                                                     |  | <b>STATE</b><br>WA |                                                             | <b>ZIP CODE</b><br>98027              |                                                  |
| <b>2. NAME OF CANDIDATE</b><br>Schrier, Kim, , ,                                                                                                                            |  |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House WA 08 |                                       | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00652628 |
| <b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____ |  |                    |                                                             |                                       |                                                  |
| <b>A. FULL NAME</b><br>AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE                                                                                  |  |                    |                                                             | Name of Employer                      |                                                  |
| <b>MAILING ADDRESS</b><br>251 H St NW                                                                                                                                       |  |                    |                                                             | Date (month, day, year)<br>07/23/2026 |                                                  |
| <b>CITY</b><br>Washington                                                                                                                                                   |  | <b>STATE</b><br>DC |                                                             | <b>ZIP CODE</b><br>20001-2604         |                                                  |
|                                                                                                                                                                             |  |                    |                                                             | Amount<br>5000.00                     |                                                  |
| <b>B. FULL NAME</b><br>Bernstein, Irwin, , ,                                                                                                                                |  |                    |                                                             | Name of Employer                      |                                                  |
| <b>MAILING ADDRESS</b><br>4949 Stanford Ave NE                                                                                                                              |  |                    |                                                             | Date (month, day, year)<br>07/23/2026 |                                                  |
| <b>CITY</b><br>Seattle                                                                                                                                                      |  | <b>STATE</b><br>WA |                                                             | <b>ZIP CODE</b><br>98105-2152         |                                                  |
|                                                                                                                                                                             |  |                    |                                                             | Amount<br>3000.00                     |                                                  |
| <b>C. FULL NAME</b><br>Higdon, James, , ,                                                                                                                                   |  |                    |                                                             | Name of Employer                      |                                                  |
| <b>MAILING ADDRESS</b><br>1822 Tyler Pkwy                                                                                                                                   |  |                    |                                                             | Date (month, day, year)<br>07/22/2026 |                                                  |
| <b>CITY</b><br>Louisville                                                                                                                                                   |  | <b>STATE</b><br>KY |                                                             | <b>ZIP CODE</b><br>40204-1538         |                                                  |
|                                                                                                                                                                             |  |                    |                                                             | Amount<br>1000.00                     |                                                  |
| <b>D. FULL NAME</b><br>Moore, David, , ,                                                                                                                                    |  |                    |                                                             | Name of Employer                      |                                                  |
| <b>MAILING ADDRESS</b><br>1270 Oxford Dr                                                                                                                                    |  |                    |                                                             | Date (month, day, year)<br>07/22/2026 |                                                  |
| <b>CITY</b><br>North Liberty                                                                                                                                                |  | <b>STATE</b><br>IA |                                                             | <b>ZIP CODE</b><br>52317-9023         |                                                  |
|                                                                                                                                                                             |  |                    |                                                             | Amount<br>1000.00                     |                                                  |
| <b>E. FULL NAME</b><br>NATIONAL ASSOCIATION OF SOCIAL WORKERS INC. POLITICAL ACTION FOR CANDIDATE ELECTION (PACE)                                                           |  |                    |                                                             | Name of Employer                      |                                                  |
| <b>MAILING ADDRESS</b><br>750 1st St NE<br>Ste 800                                                                                                                          |  |                    |                                                             | Date (month, day, year)<br>07/22/2026 |                                                  |
| <b>CITY</b><br>Washington                                                                                                                                                   |  | <b>STATE</b><br>DC |                                                             | <b>ZIP CODE</b><br>20002-8011         |                                                  |
|                                                                                                                                                                             |  |                    |                                                             | Amount<br>1000.00                     |                                                  |
| <b>SIGNATURE (optional)</b><br>Pettersen, Jay, , ,                                                                                                                          |  |                    |                                                             | <b>DATE</b><br>07/24/2026             |                                                  |
| For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov                                                                       |  |                    |                                                             |                                       |                                                  |

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**FEC FORM 6**  
(Revised 03/2016)