

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 Pramila for Congress									
ADDRESS (number and street) PO BOX 21912									
CITY Seattle	STATE WA	ZIP CODE 98111							
2. NAME OF CANDIDATE Jayapal, Pramila, , ,			3. OFFICE SOUGHT (State and District) House WA 07		4. FEC IDENTIFICATION NUMBER C00605592				
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____									
A. FULL NAME Javed, Muhammad, , , MAILING ADDRESS 2295 Avalon St <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">CITY Beaumont</td> <td style="width: 15%; border: none;">STATE TX</td> <td style="width: 20%; border: none;">ZIP CODE 77707-4703</td> </tr> </table>				CITY Beaumont	STATE TX	ZIP CODE 77707-4703	Name of Employer Riceland Healthcare Transaction ID : 24906709 Occupation CEO		Date (month, day, year) 10/28/2024 Amount 3300.00
CITY Beaumont	STATE TX	ZIP CODE 77707-4703							
B. FULL NAME Latham, Alida, , , MAILING ADDRESS 2208 Fairview Ave E <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">CITY Seattle</td> <td style="width: 15%; border: none;">STATE WA</td> <td style="width: 20%; border: none;">ZIP CODE 98102-3413</td> </tr> </table>				CITY Seattle	STATE WA	ZIP CODE 98102-3413	Name of Employer Self Transaction ID : 24907025 Occupation Photographer		Date (month, day, year) 10/28/2024 Amount 1000.00
CITY Seattle	STATE WA	ZIP CODE 98102-3413							
C. FULL NAME MAILING ADDRESS <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">CITY</td> <td style="width: 15%; border: none;">STATE</td> <td style="width: 20%; border: none;">ZIP CODE</td> </tr> </table>				CITY	STATE	ZIP CODE	Name of Employer Occupation		Date (month, day, year) Amount
CITY	STATE	ZIP CODE							
D. FULL NAME MAILING ADDRESS <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">CITY</td> <td style="width: 15%; border: none;">STATE</td> <td style="width: 20%; border: none;">ZIP CODE</td> </tr> </table>				CITY	STATE	ZIP CODE	Name of Employer Occupation		Date (month, day, year) Amount
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CITY	STATE	ZIP CODE							
SIGNATURE (optional) Kyriacopoulos, Janica, , ,					DATE 10/30/2024				
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)