

# 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>Cugini, Robert, , ,                                                                                                                                  |  |                    | Name of Employer<br>Barbee Mill Co.                         |                          |
| <b>MAILING ADDRESS</b><br>35 Newport Ky                                                                                                                                     |  |                    | Date (month, day, year)<br>07/21/2026                       |                          |
| <b>CITY</b><br>Bellevue                                                                                                                                                     |  |                    | Amount<br>1000.00                                           |                          |
| <b>STATE</b><br>WA                                                                                                                                                          |  |                    | <b>Transaction ID : 25330966</b>                            |                          |
| <b>ZIP CODE</b><br>98006-1017                                                                                                                                               |  |                    | Occupation<br>President                                     |                          |
| <b>B. FULL NAME</b><br>Kohen, Ruth, , ,                                                                                                                                     |  |                    | Name of Employer<br>Not Employed                            |                          |
| <b>MAILING ADDRESS</b><br>5428 Parkwood Ln                                                                                                                                  |  |                    | Date (month, day, year)<br>07/20/2026                       |                          |
| <b>CITY</b><br>Mercer Island                                                                                                                                                |  |                    | Amount<br>2000.00                                           |                          |
| <b>STATE</b><br>WA                                                                                                                                                          |  |                    | <b>Transaction ID : 25330968</b>                            |                          |
| <b>ZIP CODE</b><br>98040-5105                                                                                                                                               |  |                    | Occupation<br>Retired                                       |                          |
| <b>C. FULL NAME</b><br>Poplstein, Terra, , ,                                                                                                                                |  |                    | Name of Employer<br>Medterra CBD                            |                          |
| <b>MAILING ADDRESS</b><br>18500 Von Karman Ave                                                                                                                              |  |                    | Date (month, day, year)<br>07/21/2026                       |                          |
| <b>Ste 100</b><br><b>CITY</b><br>Irvine                                                                                                                                     |  |                    | Amount<br>1000.00                                           |                          |
| <b>STATE</b><br>CA                                                                                                                                                          |  |                    | <b>Transaction ID : 25330965</b>                            |                          |
| <b>ZIP CODE</b><br>92612-0518                                                                                                                                               |  |                    | Occupation<br>Senior Vice President                         |                          |
| <b>D. FULL NAME</b><br>Smith, Denise, , ,                                                                                                                                   |  |                    | Name of Employer<br>Not Employed                            |                          |
| <b>MAILING ADDRESS</b><br>5320 231St Ave SE                                                                                                                                 |  |                    | Date (month, day, year)<br>07/21/2026                       |                          |
| <b>CITY</b><br>Issaquah                                                                                                                                                     |  |                    | Amount<br>2000.00                                           |                          |
| <b>STATE</b><br>WA                                                                                                                                                          |  |                    | <b>Transaction ID : 25328754</b>                            |                          |
| <b>ZIP CODE</b><br>98029-9227                                                                                                                                               |  |                    | Occupation<br>Retired                                       |                          |
| <b>E. FULL NAME</b><br>Wilner, Dave, , ,                                                                                                                                    |  |                    | Name of Employer<br>Self Employed                           |                          |
| <b>MAILING ADDRESS</b><br>437 E Lake Sammamish Pkwy SE                                                                                                                      |  |                    | Date (month, day, year)<br>07/21/2026                       |                          |
| <b>CITY</b><br>Sammamish                                                                                                                                                    |  |                    | Amount<br>1035.25                                           |                          |
| <b>STATE</b><br>WA                                                                                                                                                          |  |                    | <b>Transaction ID : 25328822</b>                            |                          |
| <b>ZIP CODE</b><br>98074-3813                                                                                                                                               |  |                    | Occupation<br>Director                                      |                          |
| <b>SIGNATURE (optional)</b><br>Pettersen, Jay, , ,                                                                                                                          |  |                    | <b>DATE</b><br>07/22/2026                                   |                          |
| 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)