

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 Bridge, Jon, , ,		Name of Employer Not Employed		Date (month, day, year) 07/27/2026
MAILING ADDRESS 2833 Magnolia Blvd W		Transaction ID : 25345755		Amount 2500.00
CITY Seattle	STATE WA	ZIP CODE 98199-2410	Occupation Not Employed	
B. FULL NAME Corey, Lawrence, , ,		Name of Employer Fred Hutch Cancer Center		Date (month, day, year) 07/27/2026
MAILING ADDRESS 8033 SE 45th St		Transaction ID : 25364070		Amount 2000.00
CITY Mercer Island	STATE WA	ZIP CODE 98040-3905	Occupation Physician	
C. FULL NAME Donner, William, B, ,		Name of Employer Richmark Label		Date (month, day, year) 07/27/2026
MAILING ADDRESS 2768 68th Ave SE		Transaction ID : 25364071		Amount 3500.00
CITY Mercer Island	STATE WA	ZIP CODE 98040-2529	Occupation President	
D. FULL NAME Glicksberg, Susan, Jeannette, ,		Name of Employer Not Employed		Date (month, day, year) 07/26/2026
MAILING ADDRESS 18047 NW Varese Ct		Transaction ID : 25344524		Amount 1000.00
CITY Issaquah	STATE WA	ZIP CODE 98027-7825	Occupation Retired	
E. FULL NAME Harris, Carol, , ,		Name of Employer Not Employed		Date (month, day, year) 07/27/2026
MAILING ADDRESS 4559 Forest Ave SE		Transaction ID : 25364069		Amount 2500.00
CITY Mercer Island	STATE WA	ZIP CODE 98040-4304	Occupation Retired	
SIGNATURE (optional) Pettersen, Jay, , ,			DATE 07/28/2026	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)

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continuation page			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE Reich, Arnold, , , 6221 82nd Ave SE Mercer Island WA 98040-4926			
Name of Employer Not Employed		Date (month, day, year) 07/26/2026	Amount 1000.00
Transaction ID : 25345761 Occupation Retired			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Rosen, Michele, , , 2201 40th Ave E Seattle WA 98112-2405			
Name of Employer Not Employed		Date (month, day, year) 07/27/2026	Amount 3400.00
Transaction ID : 25364027 Occupation Not Employed			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Rosen, Stanley, , , 2201 40th Ave E Seattle WA 98112-2405			
Name of Employer Rosen Harbottle		Date (month, day, year) 07/27/2026	Amount 3400.00
Transaction ID : 25364120 Occupation Principal			
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Spektor, Michael, , , 2210 82nd Ave SE Mercer Island WA 98040-2220			
Name of Employer Not Employed		Date (month, day, year) 07/27/2026	Amount 1000.00
Transaction ID : 25364003 Occupation Retired			
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Spitzer, Kathleen, M, , 4617 Forest Ave SE Mercer Island WA 98040-4306			
Name of Employer Not Employed		Date (month, day, year) 07/27/2026	Amount 1000.00
Transaction ID : 25364065 Occupation Retired			

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Tesler, Michele, C, , 2205 82nd Ave SE Mercer Island WA 98040-2219		Name of Employer Not Employed Transaction ID : 25364068 Occupation Retired	Date (month, day, year) 07/27/2026 Amount 1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Turner, Linda, , , 715 8th Ave Unit 1312 Seattle WA 98104-2424		Name of Employer Not Employed Transaction ID : 25345703 Occupation Not Employed	Date (month, day, year) 07/26/2026 Amount 1000.00
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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