

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, , Dr.,		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 _____ / _____ / _____																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> A. FULL NAME PIRIO, Maurice, , , </td> <td> Name of Employer Vektor Medical </td> <td> Date (month, day, year) 07/14/2022 </td> <td> Amount 1000.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 3231 Perkins Ln W </td> <td> Transaction ID : VTR5FVVF0K2 </td> <td></td> <td></td> </tr> <tr> <td> CITY Seattle </td> <td> STATE WA </td> <td> ZIP CODE 98199-2444 </td> <td> Occupation Attorney </td> <td></td> <td></td> </tr> </table>					A. FULL NAME PIRIO, Maurice, , ,			Name of Employer Vektor Medical	Date (month, day, year) 07/14/2022	Amount 1000.00	MAILING ADDRESS 3231 Perkins Ln W			Transaction ID : VTR5FVVF0K2			CITY Seattle	STATE WA	ZIP CODE 98199-2444	Occupation Attorney		
A. FULL NAME PIRIO, Maurice, , ,			Name of Employer Vektor Medical	Date (month, day, year) 07/14/2022	Amount 1000.00																	
MAILING ADDRESS 3231 Perkins Ln W			Transaction ID : VTR5FVVF0K2																			
CITY Seattle	STATE WA	ZIP CODE 98199-2444	Occupation Attorney																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> B. FULL NAME Taraday, William, , , </td> <td> Name of Employer ToteVision </td> <td> Date (month, day, year) 07/14/2022 </td> <td> Amount 1000.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 2466 Westlake Ave N Unit 1 </td> <td> Transaction ID : VTR5FVVG4A7 </td> <td></td> <td></td> </tr> <tr> <td> CITY Seattle </td> <td> STATE WA </td> <td> ZIP CODE 98109-2280 </td> <td> Occupation Owner </td> <td></td> <td></td> </tr> </table>					B. FULL NAME Taraday, William, , ,			Name of Employer ToteVision	Date (month, day, year) 07/14/2022	Amount 1000.00	MAILING ADDRESS 2466 Westlake Ave N Unit 1			Transaction ID : VTR5FVVG4A7			CITY Seattle	STATE WA	ZIP CODE 98109-2280	Occupation Owner		
B. FULL NAME Taraday, William, , ,			Name of Employer ToteVision	Date (month, day, year) 07/14/2022	Amount 1000.00																	
MAILING ADDRESS 2466 Westlake Ave N Unit 1			Transaction ID : VTR5FVVG4A7																			
CITY Seattle	STATE WA	ZIP CODE 98109-2280	Occupation Owner																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> C. FULL NAME </td> <td> Name of Employer </td> <td> Date (month, day, year) </td> <td> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td></td> <td></td> <td></td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td> Occupation </td> <td></td> <td></td> </tr> </table>					C. FULL NAME			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS						CITY	STATE	ZIP CODE	Occupation		
C. FULL NAME			Name of Employer	Date (month, day, year)	Amount																	
MAILING ADDRESS																						
CITY	STATE	ZIP CODE	Occupation																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> D. FULL NAME </td> <td> Name of Employer </td> <td> Date (month, day, year) </td> <td> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td></td> <td></td> <td></td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td> Occupation </td> <td></td> <td></td> </tr> </table>					D. FULL NAME			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS						CITY	STATE	ZIP CODE	Occupation		
D. FULL NAME			Name of Employer	Date (month, day, year)	Amount																	
MAILING ADDRESS																						
CITY	STATE	ZIP CODE	Occupation																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> E. FULL NAME </td> <td> Name of Employer </td> <td> Date (month, day, year) </td> <td> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td></td> <td></td> <td></td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td> Occupation </td> <td></td> <td></td> </tr> </table>					E. FULL NAME			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS						CITY	STATE	ZIP CODE	Occupation		
E. FULL NAME			Name of Employer	Date (month, day, year)	Amount																	
MAILING ADDRESS																						
CITY	STATE	ZIP CODE	Occupation																			
SIGNATURE (optional) Lloyd, Philip, , ,			DATE 07/16/2022	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																		
<i>[Electronically Filed]</i>																						

--	--	--

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)