

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 KEVIN KILEY FOR CONGRESS																						
ADDRESS (number and street) 9458 TREELAKE RD.																						
CITY GRANITE BAY		STATE CA		ZIP CODE 95746																		
2. NAME OF CANDIDATE KILEY, KEVIN, , ,			3. OFFICE SOUGHT (State and District) House CA 03																			
4. FEC IDENTIFICATION NUMBER C00801985																						
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 Boling, Matthew, , , </td> <td> Name of Employer RBI Consulting </td> <td> Date (month, day, year) 10/27/2022 </td> <td> Amount 2500.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 5107 Center Oak Road </td> <td> Transaction ID : INC.F65.26903 </td> <td colspan="2"></td> </tr> <tr> <td> CITY Shingle Springs </td> <td> STATE CA </td> <td> ZIP CODE 95682 </td> <td> Occupation Consultant </td> <td colspan="2"></td> </tr> </table>					A. FULL NAME Boling, Matthew, , ,			Name of Employer RBI Consulting	Date (month, day, year) 10/27/2022	Amount 2500.00	MAILING ADDRESS 5107 Center Oak Road			Transaction ID : INC.F65.26903			CITY Shingle Springs	STATE CA	ZIP CODE 95682	Occupation Consultant		
A. FULL NAME Boling, Matthew, , ,			Name of Employer RBI Consulting	Date (month, day, year) 10/27/2022	Amount 2500.00																	
MAILING ADDRESS 5107 Center Oak Road			Transaction ID : INC.F65.26903																			
CITY Shingle Springs	STATE CA	ZIP CODE 95682	Occupation Consultant																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> B. FULL NAME LILJENQUIST, JEFFERY, , , </td> <td> Name of Employer Retired </td> <td> Date (month, day, year) 10/27/2022 </td> <td> Amount 1000.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 9200 OAK VIEW DR </td> <td> Transaction ID : INC.F65.26906 </td> <td colspan="2"></td> </tr> <tr> <td> CITY OAKDALE </td> <td> STATE CA </td> <td> ZIP CODE 95361 </td> <td> Occupation Retired </td> <td colspan="2"></td> </tr> </table>					B. FULL NAME LILJENQUIST, JEFFERY, , ,			Name of Employer Retired	Date (month, day, year) 10/27/2022	Amount 1000.00	MAILING ADDRESS 9200 OAK VIEW DR			Transaction ID : INC.F65.26906			CITY OAKDALE	STATE CA	ZIP CODE 95361	Occupation Retired		
B. FULL NAME LILJENQUIST, JEFFERY, , ,			Name of Employer Retired	Date (month, day, year) 10/27/2022	Amount 1000.00																	
MAILING ADDRESS 9200 OAK VIEW DR			Transaction ID : INC.F65.26906																			
CITY OAKDALE	STATE CA	ZIP CODE 95361	Occupation Retired																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> C. FULL NAME Liljenquist, Marty, , , </td> <td> Name of Employer Self </td> <td> Date (month, day, year) 10/27/2022 </td> <td> Amount 1000.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 319 Garden Common </td> <td> Transaction ID : INC.F65.26905 </td> <td colspan="2"></td> </tr> <tr> <td> CITY Livermore </td> <td> STATE CA </td> <td> ZIP CODE 94551 </td> <td> Occupation Real Estate </td> <td colspan="2"></td> </tr> </table>					C. FULL NAME Liljenquist, Marty, , ,			Name of Employer Self	Date (month, day, year) 10/27/2022	Amount 1000.00	MAILING ADDRESS 319 Garden Common			Transaction ID : INC.F65.26905			CITY Livermore	STATE CA	ZIP CODE 94551	Occupation Real Estate		
C. FULL NAME Liljenquist, Marty, , ,			Name of Employer Self	Date (month, day, year) 10/27/2022	Amount 1000.00																	
MAILING ADDRESS 319 Garden Common			Transaction ID : INC.F65.26905																			
CITY Livermore	STATE CA	ZIP CODE 94551	Occupation Real Estate																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> D. FULL NAME Roache, James, , , </td> <td> Name of Employer Retired </td> <td> Date (month, day, year) 10/27/2022 </td> <td> Amount 1000.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 26062 Cresta Verde </td> <td> Transaction ID : INC.F65.26904 </td> <td colspan="2"></td> </tr> <tr> <td> CITY Mission Viejo </td> <td> STATE CA </td> <td> ZIP CODE 92691 </td> <td> Occupation Retired </td> <td colspan="2"></td> </tr> </table>					D. FULL NAME Roache, James, , ,			Name of Employer Retired	Date (month, day, year) 10/27/2022	Amount 1000.00	MAILING ADDRESS 26062 Cresta Verde			Transaction ID : INC.F65.26904			CITY Mission Viejo	STATE CA	ZIP CODE 92691	Occupation Retired		
D. FULL NAME Roache, James, , ,			Name of Employer Retired	Date (month, day, year) 10/27/2022	Amount 1000.00																	
MAILING ADDRESS 26062 Cresta Verde			Transaction ID : INC.F65.26904																			
CITY Mission Viejo	STATE CA	ZIP CODE 92691	Occupation Retired																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> E. FULL NAME Roache, Wendy, , , </td> <td> Name of Employer Wilshire Pharmcare, Inc </td> <td> Date (month, day, year) 10/26/2022 </td> <td> Amount 1500.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 26062 Cresta Verde </td> <td> Transaction ID : INC.F65.26864 </td> <td colspan="2"></td> </tr> <tr> <td> CITY Mission Viejo </td> <td> STATE CA </td> <td> ZIP CODE 92691 </td> <td> Occupation Business Admin </td> <td colspan="2"></td> </tr> </table>					E. FULL NAME Roache, Wendy, , ,			Name of Employer Wilshire Pharmcare, Inc	Date (month, day, year) 10/26/2022	Amount 1500.00	MAILING ADDRESS 26062 Cresta Verde			Transaction ID : INC.F65.26864			CITY Mission Viejo	STATE CA	ZIP CODE 92691	Occupation Business Admin		
E. FULL NAME Roache, Wendy, , ,			Name of Employer Wilshire Pharmcare, Inc	Date (month, day, year) 10/26/2022	Amount 1500.00																	
MAILING ADDRESS 26062 Cresta Verde			Transaction ID : INC.F65.26864																			
CITY Mission Viejo	STATE CA	ZIP CODE 92691	Occupation Business Admin																			
SIGNATURE (optional) BAUER, DAVID, , ,			DATE 10/28/2022		For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																	
[Electronically Filed]																						

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)

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 KEVIN KILEY FOR CONGRESS			
ADDRESS (number and street) 9458 TREELAKE RD.			
CITY, STATE, and ZIP CODE GRANITE BAY CA 95746			
2. NAME OF CANDIDATE KILEY, KEVIN, , ,		3. OFFICE SOUGHT (State and District) House CA 03	
4. FEC IDENTIFICATION NUMBER C00801985		<i>continuation page</i>	
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE Vincent, Megan, , , 9300 Dillard Rd Wilton CA 95693	Name of Employer Pacific Coast Companies Transaction ID : INC.F65.26907 Occupation Community Relations Manager	Date (month, day, year) 10/26/2022	Amount 2900.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
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