

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 SHERI BIGGS FOR CONGRESS																					
ADDRESS (number and street) PO BOX 2685																					
CITY ANDERSON	STATE SC	ZIP CODE 29622-2685																			
2. NAME OF CANDIDATE BIGGS, SHERI, , ,		3. OFFICE SOUGHT (State and District) House SC 03																			
		4. FEC IDENTIFICATION NUMBER C00866426																			
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____																					
<table border="1"> <tr> <td colspan="3">A. FULL NAME AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND (CRNA-PAC)</td> <td>Name of Employer</td> <td>Date (month, day, year)</td> <td>Amount</td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 10275 W HIGGINS RD STE 500 CITY ROSEMONT </td> <td>Transaction ID : 6EB805B878BFF43B1</td> <td>05/26/2026</td> <td>2500.00</td> </tr> <tr> <td>STATE IL</td> <td>ZIP CODE 60018-3887</td> <td></td> <td>Occupation</td> <td></td> <td></td> </tr> </table>				A. FULL NAME AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND (CRNA-PAC)			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS 10275 W HIGGINS RD STE 500 CITY ROSEMONT			Transaction ID : 6EB805B878BFF43B1	05/26/2026	2500.00	STATE IL	ZIP CODE 60018-3887		Occupation		
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SIGNATURE (optional) DATWYLER, THOMAS, , ,			DATE 05/27/2026	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)