

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

SHERI BIGGS FOR CONGRESS

ADDRESS (number and street)

PO BOX 2685



Check if different than previously reported. (ACC)

ANDERSON

SC

29622-2685

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00866426

3. IS THIS REPORT

☐ NEW (N)

OR

☒ AMENDED (A)

STATE ▼ DISTRICT

SC

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

11

D D / Y Y Y Y

26

Y Y Y Y

2024

through

M M / D D / Y Y Y Y

12

D D / Y Y Y Y

31

Y Y Y Y

2024

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer DATWYLER, THOMAS, , ,

Signature of Treasurer

DATWYLER, THOMAS, , ,

Date

M M / D D / Y Y Y Y

02

D D / Y Y Y Y

18

Y Y Y Y

2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

SHERI BIGGS FOR CONGRESS

Report Covering the Period:

From:

M M / D D / Y Y Y Y
11 / 26 / 2024

To:

M M / D D / Y Y Y Y
12 / 31 / 2024

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	16750.00	20750.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	16750.00	20550.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	10991.72	55575.38
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	10991.72	55575.38
8. Cash on Hand at Close of Reporting Period (from Line 27)	104085.26	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	395000.00	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

SHERI BIGGS FOR CONGRESS

Report Covering the Period:

From:

M M / D D / Y Y Y Y
11 26 2024

To:

M M / D D / Y Y Y Y
12 31 2024**I. RECEIPTS****COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

250.00

250.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL of contributions
from individuals ▶

250.00

250.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

16500.00

20500.00

(d) The Candidate

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

16750.00

20750.00

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS
(Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

16750.00

20750.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	10991.72	55575.38
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	200.00
21. OTHER DISBURSEMENTS	0.00	200.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	10991.72	55975.38

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	98326.98
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	16750.00
25. SUBTOTAL (add Line 23 and Line 24).....	115076.98
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	10991.72
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	104085.26

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 14	
	☒ 11a	☐ 11b	☐ 11c	☐ 11d
	☐ 12	☐ 13a	☐ 13b	☐ 14 ☐ 15

Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)
SHERI BIGGS FOR CONGRESS

Full Name (Last, First, Middle Initial) MAYER, HARRY, , ,			Date of Receipt M M / D D / Y Y Y Y Y 12 31 2024	
Mailing Address 7641 WOODRIDGE CIR			Transaction ID : AA97714B81A214E8BB0A	
City MERIDIAN	State MS	Zip Code 39305-9477	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Memo Item		
Name of Employer HARRY MAYER CLOTHIER		Occupation OWNER		
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial)			Date of Receipt	
Mailing Address			M M / D D / Y Y Y Y Y	
City	State	Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C		Memo Item		
Name of Employer		Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date		

Full Name (Last, First, Middle Initial)			Date of Receipt	
Mailing Address			M M / D D / Y Y Y Y Y	
City	State	Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C		Memo Item		
Name of Employer		Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date		

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	250.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 14

☐ 11a	☐ 11b	☒ 11c	☐ 11d	☐ 15
12	13a	13b	14	

Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)

SHERI BIGGS FOR CONGRESS

Full Name (Last, First, Middle Initial)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS PAC**A.**

Mailing Address PO BOX 12846

City
AUSTINState
TXZip Code
78711-2846FEC ID number of contributing
federal political committee.**C** C00358903

Name of Employer

Occupation

Receipt For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		27		2024

Transaction ID : A5733EA4A6D8F460390D

Amount of Each Receipt this Period

3500.00

☐ Memo Item

DEBT RETIREMENT

Full Name (Last, First, Middle Initial)

DLA PIPER LLP (US) PAC (DLA PIPER PAC)**B.**

Mailing Address 500 8TH ST NW

City
WASHINGTONState
DCZip Code
20004-2131FEC ID number of contributing
federal political committee.**C** C00151340

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2024

Transaction ID : A5B0F3F0A6687421A966

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

FREEDOM'S DEFENSE FUND**C.**

Mailing Address 824 S MILLEDGE AVE STE 101

City
ATHENSState
GAZip Code
30606FEC ID number of contributing
federal political committee.**C** C00401786

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		09		2024

Transaction ID : A3D73CFE597F0467F802

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

5000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 14

☐ 11a	☐ 11b	☒ 11c	☐ 11d	☐ 15
12	13a	13b	14	

Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)

SHERI BIGGS FOR CONGRESS

Full Name (Last, First, Middle Initial)

NATIONAL BEER WHOLESALERS ASSOCIATION PAC**A.**Mailing Address 277 S WASHINGTON ST
STE 500City
ALEXANDRIAState
VAZip Code
22314-3672FEC ID number of contributing
federal political committee.**C** C00144766

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		27		2024

Transaction ID : A68C7C246A6E547EEBC4

Amount of Each Receipt this Period

5000.00

☐ Memo Item

DEBT RETIREMENT

Full Name (Last, First, Middle Initial)

RANGER PAC**B.**

Mailing Address 824 S MILLEDGE AVE STE 101

City
ATHENSState
GAZip Code
30606FEC ID number of contributing
federal political committee.**C** C00767640

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		09		2024

Transaction ID : AC4AF3838F2EF45ADACA

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

SBA PRO-LIFE AMERICA CANDIDATE FUND**C.**Mailing Address 2800 S SHIRLINGTON RD
STE 1200City
ARLINGTONState
VAZip Code
22206-3616FEC ID number of contributing
federal political committee.**C** C00332296

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2024

Transaction ID : A02DFF87B190844069D2

Amount of Each Receipt this Period

5000.00

☐ Memo Item

PRIMARY DEBT 2024

SUBTOTAL of Receipts This Page (optional).....▶

10500.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 14

☐ 11a	☐ 11b	☒ 11c	☐ 11d
12	13a	13b	14
			15

Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)

SHERI BIGGS FOR CONGRESS

Full Name (Last, First, Middle Initial)

TROY DOWNING FOR CONGRESS**A.**

Mailing Address PO BOX 322

City
HELENAState
MTZip Code
59624-0322FEC ID number of contributing
federal political committee.**C** C00855288

Name of Employer

Occupation

Receipt For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 02 2024

Transaction ID : AFDC53F5D947C49F98DF

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

1000.00

16500.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 14

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)

SHERI BIGGS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. AXCAPITAL, LLCMailing Address 800 W 47TH ST
STE 200City
KANSAS CITYState
MOZip Code
64112-1244Purpose of Disbursement
COMPLIANCE CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	5		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

1800.00

Transaction ID : B2051C7673CF34F298F8

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MJC CONSULTING, LLCMailing Address 186 SEVEN FARMS DRIVE
STE F, BOX 380City
DANIEL ISLANDState
SCZip Code
29492-8522Purpose of Disbursement
FUNDRAISING CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	7		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

6222.07

Transaction ID : BFA9F6CCDAC54443BA24

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. THE TOWNSEND GROUPMailing Address 2308 MT VERNON AVE
STE 707City
ALEXANDRIAState
VAZip Code
22301-1328Purpose of Disbursement
FUNDRAISING CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	4		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

2715.91

Transaction ID : BA6FC59B56D7E451B9CE

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

10737.98

TOTAL This Period (last page this line number only).....▶

10737.98

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 10 OF 14

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CAB4CBCB56EBA49A4932

SHERI BIGGS FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

BIGGS, SHERI, , ,

☐ Primary☐ General☒ Other (specify) ▼

Mailing Address

PO BOX 2685

RUNOFF

City

ANDERSON

State

SC

ZIP Code

29622-2685

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 20 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

NONE

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

50000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 11 OF 14

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C03FE55CA1CED4B0AA77

SHERI BIGGS FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

BIGGS, SHERI, , ,

Mailing Address

PO BOX 2685

City

ANDERSON

State

SC

ZIP Code

29622-2685

☒ Personal Funds of the Candidate

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 18 / 2024M M / D D / Y Y Y Y
12 31 / 1969

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

100000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 12 OF 14

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CA44886F053464DC0B68

SHERI BIGGS FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

BIGGS, SHERI, , ,

Mailing Address

PO BOX 2685

City

ANDERSON

State

SC

ZIP Code

29622-2685

☒ Personal Funds of the Candidate

Original Amount of Loan

150000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

150000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 / 28 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

NONE

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

150000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 13 OF 14

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C8084F3B73E374874A2D

SHERI BIGGS FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

BIGGS, SHERI, , ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO BOX 2685

City

ANDERSON

State

SC

ZIP Code

29622-2685

☒ Personal Funds of the Candidate

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 24 / 2024

M M / D D / Y Y Y Y

D D / Y Y Y Y

NONE

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

30000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 14 OF 14

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C5A147CE632A24B92BC6

SHERI BIGGS FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

BIGGS, SHERI, , ,

Mailing Address

PO BOX 2685

City

ANDERSON

State

SC

ZIP Code

29622-2685

☒ Personal Funds of the Candidate

Original Amount of Loan

65000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

65000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 07 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

NONE

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

65000.00

TOTALS This Period (last page in this line only).....▶

395000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.