

# 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<br>Sherman for Congress                                                                                                                    |  |             |                                                       |                   |
| ADDRESS (number and street) 445 S. Figueroa Street Suite 2400                                                                                                           |  |             |                                                       |                   |
| CITY<br>Los Angeles                                                                                                                                                     |  | STATE<br>CA |                                                       | ZIP CODE<br>90071 |
| 2. NAME OF CANDIDATE<br>Sherman, Brad, , ,                                                                                                                              |  |             | 3. OFFICE SOUGHT (State and District)<br>House CA 32  |                   |
| 4. FEC IDENTIFICATION NUMBER<br>C00308742                                                                                                                               |  |             |                                                       |                   |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |  |             |                                                       |                   |
| A. FULL NAME<br>Cheney, Bill, , ,                                                                                                                                       |  |             | Name of Employer<br>SchoolsFirst Federal Credit Union |                   |
| MAILING ADDRESS<br>2102 N Heliotrope Dr                                                                                                                                 |  |             | Date (month, day, year)<br>05/28/2026                 |                   |
| CITY<br>Santa Ana                                                                                                                                                       |  |             | Amount<br>1000.00                                     |                   |
| STATE<br>CA                                                                                                                                                             |  |             | Transaction ID : 11400049                             |                   |
| ZIP CODE<br>92706-2542                                                                                                                                                  |  |             | Occupation<br>CEO                                     |                   |
| B. FULL NAME<br>Gerasoulis, Elias, , ,                                                                                                                                  |  |             | Name of Employer<br>Washington & Madison LLC          |                   |
| MAILING ADDRESS<br>1825 New Hampshire Ave NW<br>Apt 706                                                                                                                 |  |             | Date (month, day, year)<br>05/28/2026                 |                   |
| CITY<br>Washington                                                                                                                                                      |  |             | Amount<br>1000.00                                     |                   |
| STATE<br>DC                                                                                                                                                             |  |             | Transaction ID : 11400042                             |                   |
| ZIP CODE<br>20009-3251                                                                                                                                                  |  |             | Occupation<br>Chief Executive Officer                 |                   |
| C. FULL NAME<br>Mahdesian, Michael, , ,                                                                                                                                 |  |             | Name of Employer<br>Servicon                          |                   |
| MAILING ADDRESS<br>13075 Blairwood Dr                                                                                                                                   |  |             | Date (month, day, year)<br>05/28/2026                 |                   |
| CITY<br>Studio City                                                                                                                                                     |  |             | Amount<br>2500.00                                     |                   |
| STATE<br>CA                                                                                                                                                             |  |             | Transaction ID : 11398909                             |                   |
| ZIP CODE<br>91604-4033                                                                                                                                                  |  |             | Occupation<br>Chairman                                |                   |
| D. FULL NAME<br>Praw, Heidi, , ,                                                                                                                                        |  |             | Name of Employer<br>Retired                           |                   |
| MAILING ADDRESS<br>3350 Scadlock Ln                                                                                                                                     |  |             | Date (month, day, year)<br>05/28/2026                 |                   |
| CITY<br>Sherman Oaks                                                                                                                                                    |  |             | Amount<br>2500.00                                     |                   |
| STATE<br>CA                                                                                                                                                             |  |             | Transaction ID : 11401339                             |                   |
| ZIP CODE<br>91403-4915                                                                                                                                                  |  |             | Occupation<br>Retired                                 |                   |
| E. FULL NAME<br>Recht, Danny, , ,                                                                                                                                       |  |             | Name of Employer<br>Westpac Wealth                    |                   |
| MAILING ADDRESS<br>4129 Bonanza Ave                                                                                                                                     |  |             | Date (month, day, year)<br>05/28/2026                 |                   |
| CITY<br>San Diego                                                                                                                                                       |  |             | Amount<br>3000.00                                     |                   |
| STATE<br>CA                                                                                                                                                             |  |             | Transaction ID : 11401293                             |                   |
| ZIP CODE<br>92117-6105                                                                                                                                                  |  |             | Occupation<br>Wealth Manager                          |                   |
| SIGNATURE (optional)<br>Kaufman, Stephen, , ,                                                                                                                           |  |             | DATE<br>05/30/2026                                    |                   |
| 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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| 1. NAME OF COMMITTEE IN FULL<br>Sherman for Congress                                                                                                                    |  |                                                                                                                                                                 |  |
| ADDRESS (number and street) 445 S. Figueroa Street Suite 2400                                                                                                           |  |                                                                                                                                                                 |  |
| CITY, STATE, and ZIP CODE<br>Los Angeles CA 90071                                                                                                                       |  |                                                                                                                                                                 |  |
| 2. NAME OF CANDIDATE<br>Sherman, Brad, , ,                                                                                                                              |  | 3. OFFICE SOUGHT (State and District)<br>House CA 32                                                                                                            |  |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00308742                                                                                                                       |  |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |  |                                                                                                                                                                 |  |
| continuation page                                                                                                                                                       |  |                                                                                                                                                                 |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Sandler, Richard, V., ,<br>1250 4th St<br>Santa Monica CA 90401-1366                                                      |  | Name of Employer<br>Maron and Sandler<br>Transaction ID : 11400147<br>Occupation<br>Attorney<br>Date (month, day, year)<br>05/28/2026<br>Amount<br>2000.00      |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Sandler, Richard, V., ,<br>1250 4th St<br>Santa Monica CA 90401-1366                                                      |  | Name of Employer<br>Maron and Sandler<br>Transaction ID : 11401487<br>Occupation<br>Attorney<br>Date (month, day, year)<br>05/28/2026<br>Amount<br>1600.00      |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Zukor, Abram, , ,<br>301 N Canon Dr<br>Ste 215<br>Beverly Hills CA 90210-4726                                             |  | Name of Employer<br>Self-Employed<br>Transaction ID : 11398931<br>Occupation<br>Attorney<br>Date (month, day, year)<br>05/28/2026<br>Amount<br>3500.00          |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Zukor, Abram, , ,<br>301 N Canon Dr<br>Ste 215<br>Beverly Hills CA 90210-4726                                             |  | Name of Employer<br>Self-Employed<br>Transaction ID : 11401483<br>Occupation<br>Attorney<br>Date (month, day, year)<br>05/28/2026<br>Amount<br>1500.00          |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Zukor, Dayle, , ,<br>10560 Fontenelle Way<br>Los Angeles CA 90077-1901                                                    |  | Name of Employer<br>Self-Employed<br>Transaction ID : 11400219<br>Occupation<br>Interior Designer<br>Date (month, day, year)<br>05/28/2026<br>Amount<br>3500.00 |  |

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| continuation page                                                                                                                                                       |  |                                                                                                   |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Zukor, Dayle, , ,<br>10560 Fontenelle Way<br>Los Angeles CA 90077-1901                                                    |  | Name of Employer<br>Self-Employed<br>Transaction ID : 11401489<br>Occupation<br>Interior Designer |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>05/28/2026                                                             |  |
|                                                                                                                                                                         |  | Amount<br>1500.00                                                                                 |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  | Name of Employer                                                                                  |  |
|                                                                                                                                                                         |  | Date (month, day, year)                                                                           |  |
|                                                                                                                                                                         |  | Amount                                                                                            |  |
|                                                                                                                                                                         |  | Occupation                                                                                        |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  | Name of Employer                                                                                  |  |
|                                                                                                                                                                         |  | Date (month, day, year)                                                                           |  |
|                                                                                                                                                                         |  | Amount                                                                                            |  |
|                                                                                                                                                                         |  | Occupation                                                                                        |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  | Name of Employer                                                                                  |  |
|                                                                                                                                                                         |  | Date (month, day, year)                                                                           |  |
|                                                                                                                                                                         |  | Amount                                                                                            |  |
|                                                                                                                                                                         |  | Occupation                                                                                        |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  | Name of Employer                                                                                  |  |
|                                                                                                                                                                         |  | Date (month, day, year)                                                                           |  |
|                                                                                                                                                                         |  | Amount                                                                                            |  |
|                                                                                                                                                                         |  | Occupation                                                                                        |  |