

# 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.

|                                                                                                                                                                             |                    |                                                             |  |                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------|--|--------------------------------------------------|
| <b>1. NAME OF COMMITTEE IN FULL</b><br>Shevrin For Congress                                                                                                                 |                    |                                                             |  |                                                  |
| <b>ADDRESS</b> (number and street) PO BOX 530158                                                                                                                            |                    |                                                             |  |                                                  |
| <b>CITY</b><br>Miami                                                                                                                                                        | <b>STATE</b><br>FL | <b>ZIP CODE</b><br>33153                                    |  |                                                  |
| <b>2. NAME OF CANDIDATE</b><br>Jones, Shevrin, , ,                                                                                                                          |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House FL 24 |  | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00952556 |
| <b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____ |                    |                                                             |  |                                                  |

|                                                        |             |                        |                                                                                                   |                                       |                                                                                                                                              |
|--------------------------------------------------------|-------------|------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A. FULL NAME</b><br>Austin, Keenan, , ,             |             |                        | Name of Employer<br>Alpine Group<br><br><b>Transaction ID : 6389413</b>                           | Date (month, day, year)<br>08/12/2026 | Amount<br>2500.00                                                                                                                            |
| MAILING ADDRESS<br>301 Tingey St SE                    |             |                        |                                                                                                   |                                       |                                                                                                                                              |
| CITY<br>Washington                                     | STATE<br>DC | ZIP CODE<br>20003-4624 |                                                                                                   |                                       |                                                                                                                                              |
| Occupation<br>Chief Executive Officer                  |             |                        |                                                                                                   |                                       |                                                                                                                                              |
| <b>B. FULL NAME</b><br>Cain, Stephen, , ,              |             |                        | Name of Employer<br>Stewart Tilghman Fox Bianchi & Cain P.<br><br><b>Transaction ID : 6389412</b> | Date (month, day, year)<br>08/12/2026 | Amount<br>500.00                                                                                                                             |
| MAILING ADDRESS<br>7275 SW 138th St                    |             |                        |                                                                                                   |                                       |                                                                                                                                              |
| CITY<br>Palmetto Bay                                   | STATE<br>FL | ZIP CODE<br>33158-1277 |                                                                                                   |                                       |                                                                                                                                              |
| Occupation<br>Attorney                                 |             |                        |                                                                                                   |                                       |                                                                                                                                              |
| <b>C. FULL NAME</b><br>Cain, Stephen, , ,              |             |                        | Name of Employer<br>Stewart Tilghman Fox Bianchi & Cain P.<br><br><b>Transaction ID : 6389415</b> | Date (month, day, year)<br>08/12/2026 | Amount<br>3500.00                                                                                                                            |
| MAILING ADDRESS<br>7275 SW 138th St                    |             |                        |                                                                                                   |                                       |                                                                                                                                              |
| CITY<br>Palmetto Bay                                   | STATE<br>FL | ZIP CODE<br>33158-1277 |                                                                                                   |                                       |                                                                                                                                              |
| Occupation<br>Attorney                                 |             |                        |                                                                                                   |                                       |                                                                                                                                              |
| <b>D. FULL NAME</b><br>Domnick, Sean, , ,              |             |                        | Name of Employer<br>Rafferty Domnick Cunningham Yaffa<br><br><b>Transaction ID : 6389416</b>      | Date (month, day, year)<br>08/12/2026 | Amount<br>1000.00                                                                                                                            |
| MAILING ADDRESS<br>5129 Isabella Dr                    |             |                        |                                                                                                   |                                       |                                                                                                                                              |
| CITY<br>Palm Beach Gardens                             | STATE<br>FL | ZIP CODE<br>33418-6708 |                                                                                                   |                                       |                                                                                                                                              |
| Occupation<br>Attorney                                 |             |                        |                                                                                                   |                                       |                                                                                                                                              |
| <b>E. FULL NAME</b><br>Ericks, Candice, , ,            |             |                        | Name of Employer<br>TSE Consulting<br><br><b>Transaction ID : 6389417</b>                         | Date (month, day, year)<br>08/12/2026 | Amount<br>1000.00                                                                                                                            |
| MAILING ADDRESS<br>PO Box 10131                        |             |                        |                                                                                                   |                                       |                                                                                                                                              |
| CITY<br>Tallahassee                                    | STATE<br>FL | ZIP CODE<br>32302-2131 |                                                                                                   |                                       |                                                                                                                                              |
| Occupation<br>Vice President of Government Relation    |             |                        |                                                                                                   |                                       |                                                                                                                                              |
| <b>SIGNATURE (optional)</b><br>Whitehead, Monetta, , , |             |                        |                                                                                                   | <b>DATE</b><br>08/14/2026             | For further information,<br>contact the Federal Election Commission<br>at 800-424-9530 or visit <a href="http://www.fec.gov">www.fec.gov</a> |

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

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.

|                                                                                                                                                                             |  |                                                             |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------|--|
| <b>1. NAME OF COMMITTEE IN FULL</b><br>Shevrin For Congress                                                                                                                 |  |                                                             |  |
| <b>ADDRESS</b> (number and street) PO BOX 530158                                                                                                                            |  |                                                             |  |
| <b>CITY, STATE, and ZIP CODE</b><br>Miami FL 33153                                                                                                                          |  |                                                             |  |
| <b>2. NAME OF CANDIDATE</b><br>Jones, Shevrin, , ,                                                                                                                          |  | <b>3. OFFICE SOUGHT</b> (State and District)<br>House FL 24 |  |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00952556                                                                                                                            |  | <i>continuation page</i>                                    |  |
| <b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____ |  |                                                             |  |

| A. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                                        | Name of Employer                                                                                                         | Date (month, day, year) | Amount  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------|---------|
| Gardner, Carol, , ,<br><br>7005 N Augusta Dr<br><br>Hialeah FL 33015-2042                                                                                                         | Gardner & Associates PA<br><br><b>Transaction ID : 6389418</b><br>Occupation<br>Accountant                               | 08/12/2026              | 1000.00 |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>Independent Insurance Agents & Brokers of America, Inc. PAC (INSURPAC)<br><br>20 F St NW<br>Ste 610<br>Washington DC 20001-6707 | Name of Employer<br><br><b>Transaction ID : 6390560</b><br>Occupation                                                    | 08/12/2026              | 5000.00 |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>Nazarian, Sharon, , ,<br><br>9595 Wilshire Blvd<br>Ste 600<br>Beverly Hills CA 90212-2506                                       | Name of Employer<br><br>Y&S Nazarian Family Foundation<br><br><b>Transaction ID : 6389419</b><br>Occupation<br>President | 08/12/2026              | 1000.00 |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>Pajcic, Curry, , ,<br><br>1 Independent Dr<br>Ste 2500<br>Jacksonville FL 32202-5039                                            | Name of Employer<br><br>Pajcic & Pajcic<br><br><b>Transaction ID : 6389420</b><br>Occupation<br>Attorney                 | 08/12/2026              | 1000.00 |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>Peoples, Gera, , ,<br><br>8239 NE 8th Pl<br><br>Miami FL 33138-4157                                                             | Name of Employer<br><br>GE Vernova<br><br><b>Transaction ID : 6389421</b><br>Occupation<br>Attorney                      | 08/12/2026              | 1000.00 |

# 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.

|                                                                                                                                                                                |  |                                                             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------|--|
| <b>1. NAME OF COMMITTEE IN FULL</b><br>Shevrin For Congress                                                                                                                    |  |                                                             |  |
| <b>ADDRESS</b> (number and street) PO BOX 530158                                                                                                                               |  |                                                             |  |
| <b>CITY, STATE, and ZIP CODE</b><br>Miami FL 33153                                                                                                                             |  |                                                             |  |
| <b>2. NAME OF CANDIDATE</b><br>Jones, Shevrin, , ,                                                                                                                             |  | <b>3. OFFICE SOUGHT</b> (State and District)<br>House FL 24 |  |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00952556                                                                                                                               |  | <i>continuation page</i>                                    |  |
| <b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |  |                                                             |  |

  

| A. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                         | Name of Employer                                                                                                                               | Date (month, day, year)                   | Amount                |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------|
| Porter, Gregory, , ,<br><br>700 W 31st St<br>Ste 503<br>Kansas City MO 64108-3626                                                  | Catalyst Group Consulting, Inc.<br><br><b>Transaction ID : 6389414</b><br>Occupation<br>Partner                                                | 08/12/2026                                | 2000.00               |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>Powell, Sheldon, , ,<br><br>17645 NW 36th Ave<br><br>Miami Gardens FL 33056-3966 | Name of Employer<br><br>Tacolcy Economic Development Corporati<br><br><b>Transaction ID : 6389422</b><br>Occupation<br>Developer               | Date (month, day, year)<br><br>08/12/2026 | Amount<br><br>1000.00 |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>Rigby, Heidi, , ,<br><br>17534 SW 12Th Pembroke Pnes<br><br>Hollywood FL 33029   | Name of Employer<br><br>Tacolcy Economic Development Corporati<br><br><b>Transaction ID : 6389423</b><br>Occupation<br>Chief Financial Officer | Date (month, day, year)<br><br>08/12/2026 | Amount<br><br>1000.00 |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>Snowden, Courtney, , ,<br><br>7400 Alaska Ave NW<br><br>Washington DC 20012-1512 | Name of Employer<br><br>Blueprint Strategy Group<br><br><b>Transaction ID : 6389424</b><br>Occupation<br>Founder and President                 | Date (month, day, year)<br><br>08/12/2026 | Amount<br><br>1000.00 |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>Tinstman, Eric, , ,<br><br>7300 N Kendall Dr<br>Ste 680<br>Miami FL 33156-7871   | Name of Employer<br><br>Self-Employed<br><br><b>Transaction ID : 6389425</b><br>Occupation<br>Attorney                                         | Date (month, day, year)<br><br>08/12/2026 | Amount<br><br>1000.00 |

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>Shevrin For Congress                                                                                                                    |  |                                                                                                                                                                                  |  |
| ADDRESS (number and street) PO BOX 530158                                                                                                                               |  |                                                                                                                                                                                  |  |
| CITY, STATE, and ZIP CODE<br>Miami FL 33153                                                                                                                             |  |                                                                                                                                                                                  |  |
| 2. NAME OF CANDIDATE<br>Jones, Shevrin, , ,                                                                                                                             |  | 3. OFFICE SOUGHT (State and District)<br>House FL 24                                                                                                                             |  |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00952556                                                                                                                                        |  |
| 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>Witherspoon, Dwight, , , Jr<br>4490 NW 64th Ter<br>Lauderhill FL 33319-4154                                               |  | Name of Employer<br>Just Spoons Cafe<br>Transaction ID : 6389426<br>Occupation<br>Owner<br>Date (month, day, year)<br>08/12/2026<br>Amount<br>1000.00                            |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Woods, Jimmie, , ,<br>9641 Old Gentilly Rd<br>New Orleans LA 70127-4324                                                   |  | Name of Employer<br>United Infrastructure Services of Loui<br>Transaction ID : 6389427<br>Occupation<br>Manager<br>Date (month, day, year)<br>08/12/2026<br>Amount<br>1000.00    |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Zaldivar, Miguel, , ,<br>9770 SW 215th Ln<br>Cutler Bay FL 33189-3708                                                     |  | Name of Employer<br>Tacolcy Economic Development Corporati<br>Transaction ID : 6389428<br>Occupation<br>Contractor<br>Date (month, day, year)<br>08/12/2026<br>Amount<br>1000.00 |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  | Name of Employer<br><br>Occupation                                                                                                                                               |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  | Name of Employer<br><br>Occupation                                                                                                                                               |  |