

# 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>OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |                                                             |                                       |                                                                                                                                              |  |  |                  |                                       |                    |                                                       |  |  |                                           |  |  |                            |                    |                          |            |  |  |
| <b>ADDRESS</b> (number and street) 110 N INTERSTATE 35<br>STE 315                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                          |                                                             |                                       |                                                                                                                                              |  |  |                  |                                       |                    |                                                       |  |  |                                           |  |  |                            |                    |                          |            |  |  |
| <b>CITY</b><br>ROUND ROCK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    | <b>STATE</b><br>TX       |                                                             | <b>ZIP CODE</b><br>78681-5022         |                                                                                                                                              |  |  |                  |                                       |                    |                                                       |  |  |                                           |  |  |                            |                    |                          |            |  |  |
| <b>2. NAME OF CANDIDATE</b><br>SHLOMI, OFFER, VINCE, ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                          | <b>3. OFFICE SOUGHT</b> (State and District)<br>House TX 31 |                                       |                                                                                                                                              |  |  |                  |                                       |                    |                                                       |  |  |                                           |  |  |                            |                    |                          |            |  |  |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00928614                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                          |                                                             |                                       |                                                                                                                                              |  |  |                  |                                       |                    |                                                       |  |  |                                           |  |  |                            |                    |                          |            |  |  |
| <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 ____ / ____ / ____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                          |                                                             |                                       |                                                                                                                                              |  |  |                  |                                       |                    |                                                       |  |  |                                           |  |  |                            |                    |                          |            |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> <b>A. FULL NAME</b><br/>           SHLOMI, OFFER, VINCE, ,         </td> <td>           Name of Employer         </td> <td>           Date (month, day, year)<br/>           02/14/2026         </td> <td>           Amount<br/>           45000.00         </td> </tr> <tr> <td colspan="3"> <b>MAILING ADDRESS</b><br/>           1680 MICHIGAN AVE SUITE 700         </td> <td colspan="3"> <b>Transaction ID : 6544CDC330D234F6C</b> </td> </tr> <tr> <td> <b>CITY</b><br/>           MIAMI BEACH         </td> <td> <b>STATE</b><br/>           FL         </td> <td> <b>ZIP CODE</b><br/>           33139         </td> <td colspan="3">           Occupation         </td> </tr> </table> |                    |                          |                                                             |                                       | <b>A. FULL NAME</b><br>SHLOMI, OFFER, VINCE, ,                                                                                               |  |  | Name of Employer | Date (month, day, year)<br>02/14/2026 | Amount<br>45000.00 | <b>MAILING ADDRESS</b><br>1680 MICHIGAN AVE SUITE 700 |  |  | <b>Transaction ID : 6544CDC330D234F6C</b> |  |  | <b>CITY</b><br>MIAMI BEACH | <b>STATE</b><br>FL | <b>ZIP CODE</b><br>33139 | Occupation |  |  |
| <b>A. FULL NAME</b><br>SHLOMI, OFFER, VINCE, ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          | Name of Employer                                            | Date (month, day, year)<br>02/14/2026 | Amount<br>45000.00                                                                                                                           |  |  |                  |                                       |                    |                                                       |  |  |                                           |  |  |                            |                    |                          |            |  |  |
| <b>MAILING ADDRESS</b><br>1680 MICHIGAN AVE SUITE 700                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                          | <b>Transaction ID : 6544CDC330D234F6C</b>                   |                                       |                                                                                                                                              |  |  |                  |                                       |                    |                                                       |  |  |                                           |  |  |                            |                    |                          |            |  |  |
| <b>CITY</b><br>MIAMI BEACH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>STATE</b><br>FL | <b>ZIP CODE</b><br>33139 | Occupation                                                  |                                       |                                                                                                                                              |  |  |                  |                                       |                    |                                                       |  |  |                                           |  |  |                            |                    |                          |            |  |  |
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| <b>B. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                          | Name of Employer                                            | Date (month, day, year)               | Amount                                                                                                                                       |  |  |                  |                                       |                    |                                                       |  |  |                                           |  |  |                            |                    |                          |            |  |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                          |                                                             |                                       |                                                                                                                                              |  |  |                  |                                       |                    |                                                       |  |  |                                           |  |  |                            |                    |                          |            |  |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>STATE</b>       | <b>ZIP CODE</b>          | Occupation                                                  |                                       |                                                                                                                                              |  |  |                  |                                       |                    |                                                       |  |  |                                           |  |  |                            |                    |                          |            |  |  |
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| <b>C. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                          | Name of Employer                                            | Date (month, day, year)               | Amount                                                                                                                                       |  |  |                  |                                       |                    |                                                       |  |  |                                           |  |  |                            |                    |                          |            |  |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                          |                                                             |                                       |                                                                                                                                              |  |  |                  |                                       |                    |                                                       |  |  |                                           |  |  |                            |                    |                          |            |  |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>STATE</b>       | <b>ZIP CODE</b>          | Occupation                                                  |                                       |                                                                                                                                              |  |  |                  |                                       |                    |                                                       |  |  |                                           |  |  |                            |                    |                          |            |  |  |
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| <b>D. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                          | Name of Employer                                            | Date (month, day, year)               | Amount                                                                                                                                       |  |  |                  |                                       |                    |                                                       |  |  |                                           |  |  |                            |                    |                          |            |  |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                          |                                                             |                                       |                                                                                                                                              |  |  |                  |                                       |                    |                                                       |  |  |                                           |  |  |                            |                    |                          |            |  |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>STATE</b>       | <b>ZIP CODE</b>          | Occupation                                                  |                                       |                                                                                                                                              |  |  |                  |                                       |                    |                                                       |  |  |                                           |  |  |                            |                    |                          |            |  |  |
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| <b>E. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                          | Name of Employer                                            | Date (month, day, year)               | Amount                                                                                                                                       |  |  |                  |                                       |                    |                                                       |  |  |                                           |  |  |                            |                    |                          |            |  |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                          |                                                             |                                       |                                                                                                                                              |  |  |                  |                                       |                    |                                                       |  |  |                                           |  |  |                            |                    |                          |            |  |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>STATE</b>       | <b>ZIP CODE</b>          | Occupation                                                  |                                       |                                                                                                                                              |  |  |                  |                                       |                    |                                                       |  |  |                                           |  |  |                            |                    |                          |            |  |  |
| <b>SIGNATURE (optional)</b><br>DATWYLER, THOMAS, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                          |                                                             | <b>DATE</b><br>02/16/2026             | 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> |  |  |                  |                                       |                    |                                                       |  |  |                                           |  |  |                            |                    |                          |            |  |  |

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**FEC FORM 6**  
(Revised 03/2016)