

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 MIKE THUROW FOR CONGRESS																																																																																																
ADDRESS (number and street) 124 W FREISTADT RD BOX 154																																																																																																
CITY MEQUON		STATE WI		ZIP CODE 53092																																																																																												
2. NAME OF CANDIDATE THUROW, MICHAEL, , ,			3. OFFICE SOUGHT (State and District) House WI 06																																																																																													
4. FEC IDENTIFICATION NUMBER C00930610																																																																																																
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____																																																																																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">A. FULL NAME Michaels, Laurie, , ,</td> <td colspan="2">Name of Employer No Employer</td> <td rowspan="3">Date (month, day, year) 08/03/2026</td> <td rowspan="3">Amount 3500.00</td> </tr> <tr> <td colspan="3">MAILING ADDRESS 301 Commerce Street Suite 3150</td> <td colspan="2">Transaction ID : F6.6714</td> </tr> <tr> <td>CITY Fort Worth</td> <td>STATE TX</td> <td>ZIP CODE 76102</td> <td colspan="2">Occupation No Employer</td> </tr> <tr> <td colspan="3">B. FULL NAME Michaels, Laurie, , ,</td> <td colspan="2">Name of Employer No Employer</td> <td rowspan="3">Date (month, day, year) 08/03/2026</td> <td rowspan="3">Amount 3500.00</td> </tr> <tr> <td colspan="3">MAILING ADDRESS 301 Commerce Street Suite 3150</td> <td colspan="2">Transaction ID : F6.6715</td> </tr> <tr> <td>CITY Fort Worth</td> <td>STATE TX</td> <td>ZIP CODE 76102</td> <td colspan="2">Occupation No Employer</td> </tr> <tr> <td colspan="3">C. FULL NAME</td> <td colspan="2">Name of Employer</td> <td rowspan="3">Date (month, day, year)</td> <td rowspan="3">Amount</td> </tr> <tr> <td colspan="3">MAILING ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td colspan="2">Occupation</td> </tr> <tr> <td colspan="3">D. FULL NAME</td> <td colspan="2">Name of Employer</td> <td rowspan="3">Date (month, day, year)</td> <td rowspan="3">Amount</td> </tr> <tr> <td colspan="3">MAILING ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td colspan="2">Occupation</td> </tr> <tr> <td colspan="3">E. FULL NAME</td> <td colspan="2">Name of Employer</td> <td rowspan="3">Date (month, day, year)</td> <td rowspan="3">Amount</td> </tr> <tr> <td colspan="3">MAILING ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td colspan="2">Occupation</td> </tr> <tr> <td colspan="4">SIGNATURE (optional) Shapiro, Samara, , ,</td> <td>DATE 09/24/2026</td> <td colspan="2">For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov</td> </tr> </table>					A. FULL NAME Michaels, Laurie, , ,			Name of Employer No Employer		Date (month, day, year) 08/03/2026	Amount 3500.00	MAILING ADDRESS 301 Commerce Street Suite 3150			Transaction ID : F6.6714		CITY Fort Worth	STATE TX	ZIP CODE 76102	Occupation No Employer		B. FULL NAME Michaels, Laurie, , ,			Name of Employer No Employer		Date (month, day, year) 08/03/2026	Amount 3500.00	MAILING ADDRESS 301 Commerce Street Suite 3150			Transaction ID : F6.6715		CITY Fort Worth	STATE TX	ZIP CODE 76102	Occupation No Employer		C. FULL NAME			Name of Employer		Date (month, day, year)	Amount	MAILING ADDRESS					CITY	STATE	ZIP CODE	Occupation		D. FULL NAME			Name of Employer		Date (month, day, year)	Amount	MAILING ADDRESS					CITY	STATE	ZIP CODE	Occupation		E. FULL NAME			Name of Employer		Date (month, day, year)	Amount	MAILING ADDRESS					CITY	STATE	ZIP CODE	Occupation		SIGNATURE (optional) Shapiro, Samara, , ,				DATE 09/24/2026	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)

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F6N

Transaction ID :

The committee inadvertently did not file this report believing that they as they were not running in the election, they did not have to do so. Upon discovery of this error, the committee acted to disclose the donations.

Form/Schedule:

Transaction ID: