

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 Shevrin For Congress				
ADDRESS (number and street) PO BOX 530158				
CITY Miami		STATE FL		ZIP CODE 33153
2. NAME OF CANDIDATE Jones, Shevrin, , ,			3. OFFICE SOUGHT (State and District) House FL 24	
4. FEC IDENTIFICATION NUMBER C00952556				
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____				
A. FULL NAME Benford, Russell, , ,			Name of Employer Royal Caribbean Cruises	Date (month, day, year) 08/05/2026
MAILING ADDRESS 4944 Windward Way			Transaction ID : 6381423	Amount 1000.00
CITY Fort Lauderdale	STATE FL	ZIP CODE 33312-5245	Occupation Vice President of Government Relation	
B. FULL NAME Bolton, Marlon, , ,			Name of Employer City of Tamarac	Date (month, day, year) 08/05/2026
MAILING ADDRESS 76 Pleasant Hill Ln			Transaction ID : 6381424	Amount 1000.00
CITY Tamarac	STATE FL	ZIP CODE 33319-2442	Occupation Vice Mayor	
C. FULL NAME Bures, Maria, , ,			Name of Employer Self Employed	Date (month, day, year) 08/05/2026
MAILING ADDRESS 3610 Durango St			Transaction ID : 6381425	Amount 1000.00
CITY Coral Gables	STATE FL	ZIP CODE 33134-6432	Occupation Producer	
D. FULL NAME Cerra, Thomas, , ,			Name of Employer Florida School Services, Inc.	Date (month, day, year) 08/05/2026
MAILING ADDRESS 9320 NW 50Th Doral Cir N			Transaction ID : 6381426	Amount 1000.00
CITY Doral	STATE FL	ZIP CODE 33178-2069	Occupation Educator	
E. FULL NAME Falk, Joseph, , ,			Name of Employer N/A	Date (month, day, year) 08/05/2026
MAILING ADDRESS 1770 Micanopy Ave			Transaction ID : 6381418	Amount 3500.00
CITY Miami	STATE FL	ZIP CODE 33133-3323	Occupation Retired	
SIGNATURE (optional) Whitehead, Monetta, , ,			DATE 08/07/2026	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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A. FULL NAME, MAILING ADDRESS AND ZIP CODE Harris, Leslie, , , 8704 Thornbrook Terrace Pt Boynton Beach FL 33473-4881		Name of Employer Hydro Health Transaction ID : 6381427 Occupation Nurse Practitioner	
		Date (month, day, year) 08/05/2026	
		Amount 1000.00	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Howell, Tina, , , 3853 Northdale Blvd # 385 Tampa FL 33624-1861		Name of Employer Bridge Restaurant Group Transaction ID : 6381428 Occupation Founder and CEO	
		Date (month, day, year) 08/05/2026	
		Amount 1000.00	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Ingram, Artaveya, , , 3800 Esplanade Way Tallahassee FL 32311-7891		Name of Employer N/A Transaction ID : 6386205 Occupation Student	
		Date (month, day, year) 08/05/2026	
		Amount 2500.00	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Johnson, Jon, , , 537 E Park Ave Tallahassee FL 32301-2524		Name of Employer Johnson & Blanton, LLC Transaction ID : 6381422 Occupation Partner	
		Date (month, day, year) 08/05/2026	
		Amount 1500.00	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Leyva, Dennis, , , 69 NE 102nd St Miami Shores FL 33138-2322		Name of Employer N/A Transaction ID : 6381429 Occupation Retired	
		Date (month, day, year) 08/05/2026	
		Amount 1000.00	

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Rader, Kevin, , , 6899 Collins Ave Unit 606 Miami Beach FL 33141-7401		Name of Employer Brown & Brown Insurance Transaction ID : 6381419 Occupation Insurance Agent	
		Date (month, day, year) 08/05/2026	
		Amount 3500.00	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Sanchez, Maria, , , 1 Andalusia Ave Coral Gables FL 33134-6123		Name of Employer N/A Transaction ID : 6381420 Occupation Retired	
		Date (month, day, year) 08/05/2026	
		Amount 3500.00	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Vogel, Jonathan, , , 3230 Blackburn St Dallas TX 75204-1504		Name of Employer Jonathan Vogel DDS PLLC Transaction ID : 6381430 Occupation Dentist	
		Date (month, day, year) 08/05/2026	
		Amount 1000.00	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Wellington, Stormy, , , 4514 SW 195th Way Miramar FL 33029-6202		Name of Employer Wealth Connection Transaction ID : 6381431 Occupation Owner	
		Date (month, day, year) 08/05/2026	
		Amount 1000.00	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer	
		Occupation	
		Date (month, day, year)	
		Amount	

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