

# 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>OLIVER GILBERT FOR CONGRESS                                                                                                             |             |                                           |                                                      |                                                                                                             |
| ADDRESS (number and street) 6619 S.DIXIE HWY. NO. 148                                                                                                                   |             |                                           |                                                      |                                                                                                             |
| CITY<br>MIAMI                                                                                                                                                           |             | STATE<br>FL                               |                                                      | ZIP CODE<br>33155                                                                                           |
| 2. NAME OF CANDIDATE<br>GILBERT, OLIVER G. III, , ,                                                                                                                     |             |                                           | 3. OFFICE SOUGHT (State and District)<br>House FL 24 |                                                                                                             |
| 4. FEC IDENTIFICATION NUMBER<br>C00952598                                                                                                                               |             |                                           |                                                      |                                                                                                             |
| 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>Cook Jr, Ralph, , ,                                                                                                                                     |             | Name of Employer<br>Cityscape             |                                                      | Date (month, day, year)<br>08/05/2026                                                                       |
| MAILING ADDRESS<br>536 Bishop Way NE                                                                                                                                    |             | Transaction ID : F6.5638                  |                                                      | Amount<br>1000.00                                                                                           |
| CITY<br>Atlanta                                                                                                                                                         | STATE<br>GA | ZIP CODE<br>30312                         | Occupation<br>Real estate                            |                                                                                                             |
| B. FULL NAME<br>Furey, Joseph, , ,                                                                                                                                      |             | Name of Employer<br>Phillips Concessions  |                                                      | Date (month, day, year)<br>08/04/2026                                                                       |
| MAILING ADDRESS<br>650 Coconut Palm Ter                                                                                                                                 |             | Transaction ID : F6.5635                  |                                                      | Amount<br>3500.00                                                                                           |
| CITY<br>Plantation                                                                                                                                                      | STATE<br>FL | ZIP CODE<br>33324                         | Occupation<br>IT & Project Development               |                                                                                                             |
| C. FULL NAME<br>Mades, Mara, , ,                                                                                                                                        |             | Name of Employer<br>The Cornerstone Group |                                                      | Date (month, day, year)<br>08/04/2026                                                                       |
| MAILING ADDRESS<br>5870 SW 86th St                                                                                                                                      |             | Transaction ID : F6.5636                  |                                                      | Amount<br>1000.00                                                                                           |
| CITY<br>South Miami                                                                                                                                                     | STATE<br>FL | ZIP CODE<br>33143                         | Occupation<br>Real estate                            |                                                                                                             |
| D. FULL NAME<br>Marakovits, Daniel, , ,                                                                                                                                 |             | Name of Employer<br>Tre- Bel Housing      |                                                      | Date (month, day, year)<br>08/05/2026                                                                       |
| MAILING ADDRESS<br>2394 Saratoga Bay Dr                                                                                                                                 |             | Transaction ID : F6.5637                  |                                                      | Amount<br>2500.00                                                                                           |
| CITY<br>West Palm Beach                                                                                                                                                 | STATE<br>FL | ZIP CODE<br>33409                         | Occupation<br>Developer                              |                                                                                                             |
| E. FULL NAME<br>Rodriguez, Ayana, , ,                                                                                                                                   |             | Name of Employer<br>itavikids.com         |                                                      | Date (month, day, year)<br>08/03/2026                                                                       |
| MAILING ADDRESS<br>2520 Inagua Ave                                                                                                                                      |             | Transaction ID : F6.5634                  |                                                      | Amount<br>3500.00                                                                                           |
| CITY<br>Miami                                                                                                                                                           | STATE<br>FL | ZIP CODE<br>33133                         | Occupation<br>Self employed                          |                                                                                                             |
| SIGNATURE (optional)<br>Maggiolo, Gloria, , ,                                                                                                                           |             |                                           | DATE<br>08/05/2026                                   | For further information,<br>contact the Federal Election Commission<br>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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| ADDRESS (number and street) 6619 S.DIXIE HWY. NO. 148                                                                                                                   |  |                                                                                  |  |
| CITY, STATE, and ZIP CODE<br>MIAMI FL 33155                                                                                                                             |  |                                                                                  |  |
| 2. NAME OF CANDIDATE<br>GILBERT, OLIVER G. III, , ,                                                                                                                     |  | 3. OFFICE SOUGHT (State and District)<br>House FL 24                             |  |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00952598                                        |  |
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| continuation page                                                                                                                                                       |  |                                                                                  |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Williams, Genos, , ,<br>7300 Camino Real<br>Suite 201<br>Boca Raton FL 33433                                              |  | Name of Employer<br>Retired<br>Transaction ID : F6.5639<br>Occupation<br>Retired |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>08/05/2026                                            |  |
|                                                                                                                                                                         |  | Amount<br>3500.00                                                                |  |
| 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                                                                       |  |