

# 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>Poindexter for Congress                                                                                                              |                    |                                                             |                           |                                                                                                                                              |
| <b>ADDRESS</b> (number and street) 545 E Town St                                                                                                                            |                    |                                                             |                           |                                                                                                                                              |
| <b>CITY</b><br>Columbus                                                                                                                                                     | <b>STATE</b><br>OH | <b>ZIP CODE</b><br>43215                                    |                           |                                                                                                                                              |
| <b>2. NAME OF CANDIDATE</b><br>Poindexter, Brian, , ,                                                                                                                       |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House OH 07 |                           | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00933366                                                                                             |
| <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>Shenker, Scott, , ,                                                                                                                                  |                    | Name of Employer<br>ICSI                                    |                           | Date (month, day, year)<br>04/26/2026                                                                                                        |
| <b>MAILING ADDRESS</b><br>66 Southampton Ave                                                                                                                                |                    | Transaction ID : 1718441                                    |                           | Amount<br>3500.00                                                                                                                            |
| <b>CITY</b><br>Berkeley                                                                                                                                                     | <b>STATE</b><br>CA | <b>ZIP CODE</b><br>94707-2052                               | Occupation<br>Scientist   |                                                                                                                                              |
| <b>B. FULL NAME</b>                                                                                                                                                         |                    | Name of Employer                                            |                           | Date (month, day, year)                                                                                                                      |
| <b>MAILING ADDRESS</b>                                                                                                                                                      |                    |                                                             |                           | Amount                                                                                                                                       |
| <b>CITY</b>                                                                                                                                                                 | <b>STATE</b>       | <b>ZIP CODE</b>                                             | Occupation                |                                                                                                                                              |
| <b>C. FULL NAME</b>                                                                                                                                                         |                    | Name of Employer                                            |                           | Date (month, day, year)                                                                                                                      |
| <b>MAILING ADDRESS</b>                                                                                                                                                      |                    |                                                             |                           | Amount                                                                                                                                       |
| <b>CITY</b>                                                                                                                                                                 | <b>STATE</b>       | <b>ZIP CODE</b>                                             | Occupation                |                                                                                                                                              |
| <b>D. FULL NAME</b>                                                                                                                                                         |                    | Name of Employer                                            |                           | Date (month, day, year)                                                                                                                      |
| <b>MAILING ADDRESS</b>                                                                                                                                                      |                    |                                                             |                           | Amount                                                                                                                                       |
| <b>CITY</b>                                                                                                                                                                 | <b>STATE</b>       | <b>ZIP CODE</b>                                             | Occupation                |                                                                                                                                              |
| <b>E. FULL NAME</b>                                                                                                                                                         |                    | Name of Employer                                            |                           | Date (month, day, year)                                                                                                                      |
| <b>MAILING ADDRESS</b>                                                                                                                                                      |                    |                                                             |                           | Amount                                                                                                                                       |
| <b>CITY</b>                                                                                                                                                                 | <b>STATE</b>       | <b>ZIP CODE</b>                                             | Occupation                |                                                                                                                                              |
| <b>SIGNATURE (optional)</b><br>Dufour, Thomas, , ,                                                                                                                          |                    |                                                             | <b>DATE</b><br>04/27/2026 | 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)