

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WFW ACTION FUND INC		FEC IDENTIFICATION NUMBER ▼ C C00698936
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee FLEXPOINT MEDIA INC		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 27 / 2026
Mailing Address 6530 W CAMPUS OVAL SUITE 175		Amount 100000.00
City NEW ALBANY	State OH	Zip Code 43054
Purpose of Expenditure NON-CONTRIBUTION ACCT: MEDIA PLACEMENT	Category/ Type	Transaction ID : SE24.4745 Date of Disbursement or Obligation MM / DD / YYYY 05 / 26 / 2026
Name of Federal Candidate HONEYCUTT, JENNY, COSTA, ,	☒ Support ☐ Oppose	Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: SC
Calendar Year-To-Date Per Election for Office Sought	214220.00	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate	☐ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	100000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	100000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

RUTLAND, JANNA, , ,

Signature

Date

MM / DD / YYYY
05 / 28 / 2026