

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                       |                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>RED BRIDGE LEADERSHIP PAC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                       | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00912337</div>                                                                                                                                   |  |                                                                                                                                                                                                                        |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;"><input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                       | <div style="display: flex; justify-content: space-around;"><div><small>M M M</small><br/>/</div><div><small>D D D</small><br/>/</div><div><small>Y Y Y Y Y Y</small></div></div>                                                                                            |  |                                                                                                                                                                                                                        |
| Full Name of Payee<br>TARGETED CREATIVE COMMUNICATIONS INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                       | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-around;"><div><small>M M M</small><br/>04</div><div><small>D D D</small><br/>20</div><div><small>Y Y Y Y Y Y</small><br/>2026</div></div>                                    |  |                                                                                                                                                                                                                        |
| Mailing Address 106 S COLUMBUS STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                       | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">23144.34</div>                                                                                                                                                                         |  |                                                                                                                                                                                                                        |
| City<br>ALEXANDRIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | State<br>VA           | Zip Code<br>22314                                                                                                                                                                                                                                                           |  | <b>Transaction ID : E-76</b>                                                                                                                                                                                           |
| Purpose of Expenditure<br>DIRECT MAIL SERVICES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Category/<br>Type 004 | Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-around;"><div><small>M M M</small><br/>04</div><div><small>D D D</small><br/>21</div><div><small>Y Y Y Y Y Y</small><br/>2026</div></div>                                           |  |                                                                                                                                                                                                                        |
| Name of Federal Candidate<br>CONROY, ERIC, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                       | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate<br><input type="checkbox"/> President <input type="checkbox"/> General<br>District: 01<br>State: OH |  |                                                                                                                                                                                                                        |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                       | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶                                                                                                                           |  |                                                                                                                                                                                                                        |
| Full Name of Payee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                       | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-around;"><div><small>M M M</small><br/>/</div><div><small>D D D</small><br/>/</div><div><small>Y Y Y Y Y Y</small></div></div>                                               |  |                                                                                                                                                                                                                        |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                       | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                                                                 |  |                                                                                                                                                                                                                        |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | State                 | Zip Code                                                                                                                                                                                                                                                                    |  | Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-around;"><div><small>M M M</small><br/>/</div><div><small>D D D</small><br/>/</div><div><small>Y Y Y Y Y Y</small></div></div> |
| Purpose of Expenditure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Category/<br>Type     |                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                        |
| Name of Federal Candidate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       | <input type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate<br><input type="checkbox"/> President <input type="checkbox"/> General<br>District:<br>State:<br>                         |  |                                                                                                                                                                                                                        |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                       | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                                                                                                                                           |  |                                                                                                                                                                                                                        |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">23144.34</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures..... ▶</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">23144.34</div></div></div> |  |                       |                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                        |
| 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.<br><br><div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature<br/><br/>HASTIE, CHRISSIE, , ,</div><div style="width: 20%; text-align: center;">Date</div><div style="width: 40%; text-align: right;"><div style="display: flex; justify-content: space-around;"><div><small>M M M</small><br/>04</div><div><small>D D D</small><br/>21</div><div><small>Y Y Y Y Y Y</small><br/>2026</div></div></div></div>                                                                                                             |  |                       |                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                        |