

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) FIGHTING FOR MICHIGAN PAC	FEC IDENTIFICATION NUMBER ▼ C C00919373
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee POLITICLIP LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 07 / 2026	
Mailing Address 3714 Lankershim Blvd			Amount 25000.00	
City Los Angeles	State CA	Zip Code 90068	Transaction ID : SE.4192	
Purpose of Expenditure Digital Advertising		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 06 / 2026	
Name of Federal Candidate EL-SAYED, ABDUL, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought		1438601.81	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	

Full Name of Payee Sage Media Planning and Placement			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 07 / 2026	
Mailing Address 1319 F St NW Ste 301			Amount 133486.20	
City Washington	State DC	Zip Code 20004	Transaction ID : SE.4191	
Purpose of Expenditure TV and Radio Advertising		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 01 / 2026	
Name of Federal Candidate EL-SAYED, ABDUL, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought		1413601.81	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	158486.20
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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.

Sarasohn, Peter, , ,

Signature

Date

M M / D D / Y Y Y Y Y Y
07 / 09 / 2026

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(Schedule E)PAGE 2 OF 2
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Check if ☐ 24-hour report ☒ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee The Baseline Agency		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2026	
Mailing Address 1835 7t st		Amount 43515.95	
City Washington	State DC	Zip Code 20001	Transaction ID : SE.4195
Purpose of Expenditure Mail Advertising	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 06 / 2026	
Name of Federal Candidate EL-SAYED, ABDUL, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		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	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
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.....▶	43515.95
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	202002.15

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.

Signature
Sarasohn, Peter, , ,

Date

MM / DD / YYYY
07 / 09 / 2026