

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Defending Americas Future	FEC IDENTIFICATION NUMBER ▼ C C00829432
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Strategic Impact Strategies	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 02 / 2026
Mailing Address 333 W Vine St Suite 300	Amount 25074.00
City Lexington State KY Zip Code 40507-1626	
Purpose of Expenditure Mailers	Category/Type
Name of Federal Candidate Marques, Rhett, ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President State: AL
Calendar Year-To-Date Per Election for Office Sought	98997.40 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: _____
Calendar Year-To-Date Per Election for Office Sought	 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	25074.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	25074.00

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.

Williams, Lauren, , ,

Signature _____ Date M M / D D / Y Y Y Y Y Y 04 / 02 / 2026