

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

NAME OF COMMITTEE (In Full) TRUE TEXAS VALUES PAC		FEC IDENTIFICATION NUMBER ▼ C C00925933
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Atlas Group		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 19 / 2026
Mailing Address 4250 Fairfax Dr PMB 8467 Ste 600		Amount 3902.21
City Arlington	State VA	Zip Code 22203
Purpose of Expenditure MMS Texting	Category/ Type	Transaction ID : WFT20261201857-1 Date of Disbursement or Obligation MM / DD / YYYY 02 / 19 / 2026
Name of Federal Candidate STEINMANN, JESSICA, HART, , ☒ Support ☐ Oppose		Office Sought: ☒ House District: 08 ☐ President ☐ Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 191675.08		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

Full Name of Payee Strategic Media Placement Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 19 / 2026
Mailing Address 7669 Stagers Loop		Amount 7000.00
City Delaware	State OH	Zip Code 43015
Purpose of Expenditure MEDIA (Estimate)	Category/ Type	Transaction ID : WFT20261201859-1 Date of Disbursement or Obligation MM / DD / YYYY 02 / 19 / 2026
Name of Federal Candidate STEINMANN, JESSICA, HART, , ☒ Support ☐ Oppose		Office Sought: ☒ House District: 08 ☐ President ☐ Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 191675.08		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	10902.21
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	10902.21

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, Katy, , ,

Signature

Date

MM / DD / YYYY
02 / 20 / 2026