

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

NAME OF COMMITTEE (In Full) SD 2026			FEC IDENTIFICATION NUMBER ▼ C C00935015	
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Mission Control, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 26 / 2026		
Mailing Address 624 Hebron Ave		Amount 49754.99		
City Glastonbury	State CT	Zip Code 06033-2470	Transaction ID : 500510818	
Purpose of Expenditure Production and Direct Mail Placement (Estimate)		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 23 / 2026	
Name of Federal Candidate JONES, SHEVRIN, ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 24 ☐ President ☐ Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		117384.98	Disbursement For: ☒ Primary ☐ General ☐ 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.....		49754.99		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....		49754.99		
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 Henry, Jim, , ,		Date MM / DD / YYYY 06 / 28 / 2026		