

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

NAME OF COMMITTEE (In Full) Lead Maine Committee, Inc.			FEC IDENTIFICATION NUMBER ▼ C C00946921		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y					
Full Name of Payee FLEXPOINT MEDIA			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 03 / 2026 M M / D D / Y Y Y Y Y Y		
Mailing Address 6530 W CAMPUS OVAL SUITE 175			Amount 10000.00		
City NEW ALBANY		State OH	Zip Code 43054		Transaction ID : SE24.20
Purpose of Expenditure DIGITAL PLACEMENT		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 02 / 2026 M M / D D / Y Y Y Y Y Y		
Name of Federal Candidate COLLINS, SUSAN, M., ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: ME
Calendar Year-To-Date Per Election for Office Sought			277450.27 Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶ _____		
Full Name of Payee			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y		
Mailing Address			Amount 		
City		State	Zip Code		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y
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..... ▶ 10000.00 (b) SUBTOTAL of Unitemized Independent Expenditures ▶ (c) TOTAL Independent Expenditures..... ▶ 10000.00					
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. Signature Stoltzfus, Nicholas, , , Date M M / D D / Y Y Y Y Y Y 07 / 05 / 2026 M M / D D / Y Y Y Y Y Y					