

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
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 07 / 16 / 2026		
Mailing Address 624 Hebron Ave			Amount 24954.05		
City State Zip Code Glastonbury CT 06033-2470		Transaction ID : 500519853 Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2026			
Purpose of Expenditure Production & Direct Mail Placement (Estimate)		Category/ Type 004			
Name of Federal Candidate HERNANDEZ, MELISSA, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 14 ☐ President ☐ Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought		24954.05	Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶		
Full Name of Payee Mission Control, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2026		
Mailing Address 624 Hebron Ave			Amount 9736.37		
City State Zip Code Glastonbury CT 06033-2470		Transaction ID : 500519855 Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2026			
Purpose of Expenditure Production & Direct Mail Placement (Estimate)		Category/ Type 004			
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		520269.90	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			34690.42		
(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.					
Signature Henry, Jim, , ,			Date MM / DD / YYYY 07 / 18 / 2026		

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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		M M M / D D D / Y Y Y Y Y Y

Full Name of Payee Mission Control, Inc.		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2026
Mailing Address 624 Hebron Ave		Amount 9736.37
City Glastonbury	State CT	Zip Code 06033-2470
Purpose of Expenditure Production & Direct Mail Placement (Estimate)	Category/ Type 004	Transaction ID : 500519856 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2026
Name of Federal Candidate GILBERT, OLIVER, III, , ☐ Support ☒ Oppose		Office Sought: ☒ House District: 24 ☐ President ☐ Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 520269.90		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

Full Name of Payee TBOCN LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2026
Mailing Address 8 The Grn Ste B		Amount 12272.31
City Dover	State DE	Zip Code 19901-3618
Purpose of Expenditure Production & Direct Mail Placement (Estimate)	Category/ Type 004	Transaction ID : 500519852 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2026
Name of Federal Candidate TAYLOR, SHANNON, LEIGH, , ☒ Support ☐ Oppose		Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: VA
Calendar Year-To-Date Per Election for Office Sought 194646.13		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	22008.68
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	56699.10

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.

Henry, Jim, , ,

Signature

Date

M M M / D D D / Y Y Y Y Y Y

07 / 18 / 2026