

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

NAME OF COMMITTEE (In Full) Gun Rights America			FEC IDENTIFICATION NUMBER ▼ C C00742635	
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee National Association for Gun Rights [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 20 / 2026		
Mailing Address 201 Commonwealth Dr #201		Amount 2500.00		
City Greenville	State SC	Zip Code 29615-4814	Transaction ID : EF9689EE0A4D64CDAB54	
Purpose of Expenditure In-Kind: Estimated 2026 Special Runoff Text Messaging		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Norman, Ralph, ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: SC	
Calendar Year-To-Date Per Election for Office Sought		11580.25	Disbursement For: ☐ Primary ☐ General 2026 ☒ Other (specify) ▶ Special Runoff	
Full Name of Payee National Association for Gun Rights [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 20 / 2026		
Mailing Address 201 Commonwealth Dr #201		Amount 5000.00		
City Greenville	State SC	Zip Code 29615-4814	Transaction ID : E307A87D9CCD44751941	
Purpose of Expenditure In-Kind: Estimated 2026 Special Runoff Text Messaging		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Graham, Darline, ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: SC	
Calendar Year-To-Date Per Election for Office Sought		11580.25	Disbursement For: ☐ Primary ☐ General 2026 ☒ Other (specify) ▶ Special Runoff	
(a) SUBTOTAL of Itemized Independent Expenditures.....		0		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....		0		
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 Gates, Benjamin, ,		Date MM / DD / YYYY 08 / 19 / 2026		