

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

NAME OF COMMITTEE (In Full) SF FOR ALL		FEC IDENTIFICATION NUMBER ▼ C C00945303	
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		M M / D D / Y Y Y Y Y Y	

Full Name of Payee BEACON MEDIA LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 09 / 2026		
Mailing Address 1725 I STREET NW SUITE 300			Amount 200000.00		
City Washington	State DC	Zip Code 20006	Transaction ID : EDT.E.12		
Purpose of Expenditure DIGITAL MEDIA		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 08 / 2026		
Name of Federal Candidate CHAN, CONNIE, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 11 ☐ President ☐ Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought		300000.00	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

Full Name of Payee			Date of Public Distribution/Dissemination 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		
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..... ▶	200000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	200000.00

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.

SINGH, ANAND, , ,
Signature

Date 09 / 09 / 2026