

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) SENATE CONSERVATIVES ACTION		FEC IDENTIFICATION NUMBER ▼ C C00524181
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee ALLEGIANCE DIRECT		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 20 / 2026
Mailing Address 15 N KING ST STE 205		Amount 13566.09
City LEESBURG	State VA	Zip Code 20176-2848
Purpose of Expenditure IE-HAGEMAN-DIRECT MAIL PRODUCTION	Category/ Type	Transaction ID : E311CCC5B1F734D6492B Date of Disbursement or Obligation MM / DD / YYYY 08 / 21 / 2026
Name of Federal Candidate HAGEMAN, HARRIET, , , ☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: WY
Calendar Year-To-Date Per Election for Office Sought 20049.36		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

Full Name of Payee ALLEGIANCE DIRECT		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 20 / 2026
Mailing Address 15 N KING ST STE 205		Amount 6483.27
City LEESBURG	State VA	Zip Code 20176-2848
Purpose of Expenditure IE-HAGEMAN-DIRECT MAIL PRODUCTION	Category/ Type	Transaction ID : E272092E7705140758FB Date of Disbursement or Obligation MM / DD / YYYY 08 / 21 / 2026
Name of Federal Candidate HAGEMAN, HARRIET, , , ☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: WY
Calendar Year-To-Date Per Election for Office Sought 20049.36		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	20049.36
(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.

KILGORE, PAUL, , ,

Signature

Date

MM / DD / YYYY
08 / 21 / 2026

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) SENATE CONSERVATIVES ACTION			FEC IDENTIFICATION NUMBER ▼ C C00524181		
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 POP ACTA			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 21 2026		
Mailing Address 123 N COLLEGE AVE STE 390			Amount 555.56		
City FORT COLLINS		State CO	Zip Code 80524-2489		Transaction ID : E4C74E19DF46A4E26B60
Purpose of Expenditure IE-HAGEMAN-DIGITAL MARKETING			Category/Type		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 21 2026
Name of Federal Candidate HAGEMAN, HARRIET, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: WY
Calendar Year-To-Date Per Election for Office Sought			20604.92 Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____		
Full Name of Payee			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y		
Mailing Address			Amount 		
City		State	Zip Code		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure			Category/Type		M M M / D D D / Y Y Y Y Y Y
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..... ▶			555.56		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			20604.92		
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 KILGORE, PAUL, , ,			Date M M M / D D D / Y Y Y Y Y Y 08 21 2026		