

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 M M / D D / Y Y Y Y Y Y				
Full Name of Payee MATCHSTICK MEDIA			Date of Public Distribution/Dissemination 08 / 10 / 2026	
Mailing Address PO BOX 124			Amount 8500.00	
City DUBLIN	State OH	Zip Code 43017-0124	Transaction ID : E501FB711FB00477CA31 Date of Disbursement or Obligation 08 / 07 / 2026	
Purpose of Expenditure IE-COLLINS-DIGITALPRODUCTION		Category/ Type 		
Name of Federal Candidate COLLINS, MICHAEL A, JR, ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought 9611.11		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶ _____		
Full Name of Payee BELIEVE MEDIA LLC			Date of Public Distribution/Dissemination 08 / 10 / 2026	
Mailing Address 15 E MARKET ST			Amount 1111.11	
City LEESBURG	State VA	Zip Code 20176	Transaction ID : EA82316C7D4124B1EAA0 Date of Disbursement or Obligation 08 / 07 / 2026	
Purpose of Expenditure IE-COLLINS-DIGITAL MARKETING		Category/ Type 		
Name of Federal Candidate COLLINS, MICHAEL A, JR, ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought 9611.11		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			9611.11	
(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 KILGORE, PAUL, , ,			Date 08 / 21 / 2026	

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Full Name of Payee ALLEGIANCE DIRECT			Date of Public Distribution/Dissemination M M / D D D / Y Y Y Y Y Y 08 / 20 / 2026	
Mailing Address 15 N KING ST STE 205			Amount 6483.27	
City LEESBURG	State VA	Zip Code 20176-2848	Transaction ID : E49FEA76E9E0943E0B92	
Purpose of Expenditure IE-COLLINS-DIRECT MAIL PRODUCTION		Category/ Type 	Date of Disbursement or Obligation M M / D D D / Y Y Y Y Y Y 08 / 21 / 2026	
Name of Federal Candidate COLLINS, MICHAEL A, JR, ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought 16094.38		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶ _____		

Full Name of Payee POP ACTA			Date of Public Distribution/Dissemination 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 : EB0256DBD77DE4213A3E	
Purpose of Expenditure IE-COLLINS-DIGITAL MARKETING		Category/ Type 	Date of Disbursement or Obligation M M / D D D / Y Y Y Y Y Y 08 / 21 / 2026	
Name of Federal Candidate COLLINS, MICHAEL A, JR, ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought 16649.94		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	7038.83
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	16649.94

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

M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026