

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

NAME OF COMMITTEE (In Full) STRONGER MAINE			FEC IDENTIFICATION NUMBER ▼ C C00922294		
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 The Synapse Group			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 10 / 2026		
Mailing Address 1309 Coffeen Ave Ste. 1200			Amount 250000.00		
City Sheridan		State WY	Zip Code 82801		Transaction ID : SE.4146
Purpose of Expenditure Canvassing		Category/ Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 09 / 2026	
Name of Federal Candidate COLLINS, SUSAN M., ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: ME
Calendar Year-To-Date Per Election for Office Sought			250000.00 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..... ▶ 250000.00 (b) SUBTOTAL of Unitemized Independent Expenditures ▶ (c) TOTAL Independent Expenditures..... ▶ 250000.00					
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.					
Signature Williamson, Les, , ,			Date M M / D D / Y Y Y Y Y Y 06 / 12 / 2026		