

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)**

 PAGE 1 OF 1
 FOR SE OF FORM 24/28

NAME OF COMMITTEE (In Full) DEFEND AMERICAN JOBS			FEC IDENTIFICATION NUMBER ▼ C C00836221 <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <input type="checkbox"/> M = M 02 </div> <div style="text-align: center;"> <input type="checkbox"/> D = D 12 </div> <div style="text-align: center;"> <input type="checkbox"/> Y = Y Y = Y 2026 </div> </div>		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<input type="checkbox"/> M = M / <input type="checkbox"/> D = D / <input type="checkbox"/> Y = Y Y = Y		
Full Name of Payee RBC Media LLC			Date of Public Distribution/Dissemination <input type="checkbox"/> M = M / <input type="checkbox"/> D = D / <input type="checkbox"/> Y = Y Y = Y 02 12 2026		
Mailing Address 4304 Evergreen Lane			Amount <input type="checkbox"/> 40474.00		
City Annandale State VA Zip Code 22003			Transaction ID : SE.4583		
Purpose of Expenditure IE-Moore, Tim-Direct Mail			Category/ Type <input type="checkbox"/> 004		
Name of Federal Candidate MOORE, TIM, ,			Office Sought: <input checked="" type="checkbox"/> House District: 14 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="text-align: right; margin-right: 20px;">40474.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		
Full Name of Payee			Date of Public Distribution/Dissemination <input type="checkbox"/> M = M / <input type="checkbox"/> D = D / <input type="checkbox"/> Y = Y Y = Y		
Mailing Address			Amount <input type="checkbox"/> ,		
City State Zip Code			Date of Disbursement or Obligation <input type="checkbox"/> M = M / <input type="checkbox"/> D = D / <input type="checkbox"/> Y = Y Y = Y		
Purpose of Expenditure			Category/ Type		
Name of Federal Candidate			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="text-align: right; margin-right: 20px;">40474.00</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures..... ► <input type="checkbox"/> 40474.00					
(b) SUBTOTAL of Unitemized Independent Expenditures ► <input type="checkbox"/>					
(c) TOTAL Independent Expenditures..... ► <input type="checkbox"/> 40474.00					
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.					
Lisker, Lisa, , <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;">Signature</div> <div style="width: 45%; text-align: center;"> Date <input type="checkbox"/> M = M / <input type="checkbox"/> D = D / <input type="checkbox"/> Y = Y Y = Y 02 13 2026 </div> </div>					