

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

NAME OF COMMITTEE (In Full) PALMETTO ACTION			FEC IDENTIFICATION NUMBER ▼ C C00950600		
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 MHB MEDIA INC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 20 / 2026		
Mailing Address PO BOX 3033			Amount 408606.00		
City ARLINGTON		State VA	Zip Code 22203		
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type		Transaction ID : SE24.35685 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 19 / 2026	
Name of Federal Candidate NORMAN, RALPH, ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 2864534.48			Disbursement For: ☐ Primary ☐ General 2026 ☒ Other (specify) ▶ RUNOFF		
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		
Purpose of Expenditure		Category/ Type		Date of Disbursement or Obligation M M / 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..... ▶			408606.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			408606.00		
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 PEPPE, DANNY, , ,			Date M M / D D / Y Y Y Y Y Y 08 / 21 / 2026		