

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

NAME OF COMMITTEE (In Full) End Citizens United			FEC IDENTIFICATION NUMBER ▼ C C00573261		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY		
Full Name of Payee The Pivot Group, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2026		
Mailing Address 712 H St NE Unit 606			Amount 24123.26		
City Washington State DC Zip Code 20002-3627		Transaction ID : 500272334			
Purpose of Expenditure Postage		Category/ Type		Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2026	
Name of Federal Candidate VALADAO, DAVID, , ,		☐ Support ☒ Oppose		Office Sought: ☒ House District: 22 ☐ President ☐ Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought		103609.20		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶	
Full Name of Payee The Pivot Group, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2026		
Mailing Address 712 H St NE Unit 606			Amount 26731.18		
City Washington State DC Zip Code 20002-3627		Transaction ID : 500272335			
Purpose of Expenditure Mailings		Category/ Type		Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2026	
Name of Federal Candidate VALADAO, DAVID, , ,		☐ Support ☒ Oppose		Office Sought: ☒ House District: 22 ☐ President ☐ Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought		103609.20		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			50854.44		
(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 Coleman, Kimberly, , ,			Date MM / DD / YYYY 09 / 24 / 2026		

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

NAME OF COMMITTEE (In Full) End Citizens United		FEC IDENTIFICATION NUMBER ▼ C C00573261
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee The Pivot Group, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2026
Mailing Address 712 H St NE Unit 606		Amount 26515.31
City Washington	State DC	Zip Code 20002-3627
Purpose of Expenditure Postage	Category/ Type	Transaction ID : 500272336 Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2026
Name of Federal Candidate MITCHELL, JOE, , ,		Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

Full Name of Payee The Pivot Group, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2026
Mailing Address 712 H St NE Unit 606		Amount 30671.76
City Washington	State DC	Zip Code 20002-3627
Purpose of Expenditure Mailings	Category/ Type	Transaction ID : 500272337 Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2026
Name of Federal Candidate MITCHELL, JOE, , ,		Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	57187.07
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	108041.51

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.

Coleman, Kimberly, , ,

Signature

Date

MM / DD / YYYY
09 / 24 / 2026