

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

|                                                                                                     |  |                                                   |                                                            |
|-----------------------------------------------------------------------------------------------------|--|---------------------------------------------------|------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>ALABAMA CHRISTIAN CONSERVATIVES</b>                               |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00782656 |                                                            |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report |  | <input type="checkbox"/> New report               | <input checked="" type="checkbox"/> Amends report filed on |
|                                                                                                     |  | M M / D D / Y Y Y Y Y Y<br>09 / 18 / 2025         |                                                            |

|                                                         |             |                                                                                                                                                   |                                                                                                                                                       |
|---------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br>Lamar                             |             | Date of Public Distribution/Dissemination<br>M M / D D / Y Y Y Y Y Y<br>09 / 18 / 2025                                                            |                                                                                                                                                       |
| Mailing Address PO Box 96030                            |             | Amount<br>64999.94                                                                                                                                |                                                                                                                                                       |
| City<br>Baton Rouge                                     | State<br>LA | Zip Code<br>70896                                                                                                                                 | Transaction ID : SE.4485                                                                                                                              |
| Purpose of Expenditure<br>Billboard Ads                 |             | Category/<br>Type                                                                                                                                 | Date of Disbursement or Obligation<br>M M / D D / Y Y Y Y Y Y<br>09 / 16 / 2025                                                                       |
| Name of Federal Candidate<br>MARQUES, RHETT, , ,        |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                    | Office Sought: <input checked="" type="checkbox"/> House District: 01<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: AL |
| Calendar Year-To-Date<br>Per Election for Office Sought |             | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶ |                                                                                                                                                       |

|                                                         |       |                                                                                                                                   |                                                                                                                                                  |
|---------------------------------------------------------|-------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee                                      |       | Date of Public Distribution/Dissemination<br>M M / D D / Y Y Y Y Y Y                                                              |                                                                                                                                                  |
| Mailing Address                                         |       | Amount                                                                                                                            |                                                                                                                                                  |
| City                                                    | State | Zip Code                                                                                                                          | Date of Disbursement or Obligation<br>M M / D D / Y Y Y Y Y Y                                                                                    |
| Purpose of Expenditure                                  |       | Category/<br>Type                                                                                                                 |                                                                                                                                                  |
| Name of Federal Candidate                               |       | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                               | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |
| Calendar Year-To-Date<br>Per Election for Office Sought |       | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ |                                                                                                                                                  |

|                                                             |          |
|-------------------------------------------------------------|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶    | 64999.94 |
| (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.

OLEARY, SHANNON, , ,

Signature

Date

M M / D D / Y Y Y Y Y Y  
09 / 24 / 2025

## FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F24A

Transaction ID :

Report is amended to correct the election date used in the original. The original report reflected the date in 2025. The amended report reflects the correct date of May 18, 2026. No other changes are made to the data and information reported on the original report.

Form/Schedule:

Transaction ID: