

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

NAME OF COMMITTEE (In Full) The Impact Fund (FEC)			FEC IDENTIFICATION NUMBER ▼ C C00876391		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY		
Full Name of Payee TKO Buying LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 13 / 2026			
Mailing Address 2800 Abilene Dr		Amount 50000.00			
City Chevy Chase	State MD	Zip Code 20815-3050	Transaction ID : 500093008		
Purpose of Expenditure Advertising		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 13 / 2026		
Name of Federal Candidate KELLY, ROBIN, ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: IL		
Calendar Year-To-Date Per Election for Office Sought		1100000.00	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶		
Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY			
Mailing Address		Amount			
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
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.....		50000.00			
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures.....		50000.00			
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 Roberson, John, , ,		Date MM / DD / YYYY 03 / 13 / 2026			