

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

NAME OF COMMITTEE (In Full) GLCF, INC.		FEC IDENTIFICATION NUMBER ▼ C C00853861	
Check if ☐ 24-hour report ☒ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee NUMINAR INC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 20 / 2026	
Mailing Address 1201 WILSON BOULEVARD		Amount 255327.05	
City ARLINGTON	State VA	Zip Code 22209-2300	Transaction ID : SE24.2264
Purpose of Expenditure DIGITAL ADVERTISING		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 24 / 2026
Name of Federal Candidate ROGERS, MICHAEL, J, ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		3210513.44	Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

Full Name of Payee NUMINAR INC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 20 / 2026	
Mailing Address 1201 WILSON BOULEVARD		Amount 28369.67	
City ARLINGTON	State VA	Zip Code 22209-2300	Transaction ID : SE24.2265
Purpose of Expenditure DIGITAL ADVERTISING		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 24 / 2026
Name of Federal Candidate EL-SAYED, ABDUL, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		3210513.44	Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	283696.72
(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.

Reid, Katie, , ,

Signature

Date

MM / DD / YYYY
08 / 22 / 2026

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) GLCF, INC.		FEC IDENTIFICATION NUMBER ▼ C C00853861	
Check if ☐ 24-hour report ☒ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee SMART MEDIA GROUP LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 20 / 2026	
Mailing Address PO BOX 26067		Amount 134456.00	
City ALEXANDRIA	State VA	Zip Code 22313	Transaction ID : SE24.2262
Purpose of Expenditure MEDIA PLACEMENT/PRODUCTION		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2026
Name of Federal Candidate EL-SAYED, ABDUL, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		3210513.44	Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶ _____

Full Name of Payee SMART MEDIA GROUP LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 20 / 2026	
Mailing Address PO BOX 26067		Amount 1210104.00	
City ALEXANDRIA	State VA	Zip Code 22313	Transaction ID : SE24.2263
Purpose of Expenditure MEDIA PLACEMENT/PRODUCTION		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2026
Name of Federal Candidate ROGERS, MICHAEL, J, ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		3210513.44	Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1344560.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	1628256.72

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.

Reid, Katie, , ,

Signature

Date

MM / DD / YYYY
08 / 22 / 2026