24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

NAME OF COMMITTEE (In Full)
SLF PAC

FEC IDENTIFICATION NUMBER ▼
C C00571703

Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee
MAJORITY STRATEGIES LLC

Mailing Address P.O. BOX 679219

City: DALLAS | State: TX | Zip Code: 75267

Purpose of Expenditure
MEDIA PLACEMENT

Category/ Type:

Date of Public Distribution/Dissemination
08 / 19 / 2026

Amount
200000.00

Transaction ID : SE.9

Date of Disbursement or Obligation
08 / 20 / 2026

Name of Federal Candidate
TUREK, JOSHUA, , ,

☐ Support ☒ Oppose

Office Sought: ☐ House ☐ President ☒ Senate District: ____ State: IA

Calendar Year-To-Date Per Election for Office Sought
2084283.04

Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶ ____

Full Name of Payee
RED ELEPHANT STRATEGY LLC

Mailing Address 25475 MARSH LANDING PKWY

City: PONTE VEDRA BEACH | State: FL | Zip Code: 32082

Purpose of Expenditure
MEDIA PRODUCTION

Category/ Type:

Date of Public Distribution/Dissemination
08 / 19 / 2026

Amount
7800.00

Transaction ID : SE.10

Date of Disbursement or Obligation
08 / 19 / 2026

Name of Federal Candidate
TUREK, JOSHUA, , ,

☐ Support ☒ Oppose

Office Sought: ☐ House ☐ President ☒ Senate District: ____ State: IA

Calendar Year-To-Date Per Election for Office Sought
2084283.04

Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶ ____

(a) SUBTOTAL of Itemized Independent Expenditures ▶ 207800.00

(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.

Crosby, Caleb, , ,
Signature

Date 08 / 21 / 2026

Image# 202608219903381235

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

NAME OF COMMITTEE (In Full)
SLF PAC

FEC IDENTIFICATION NUMBER ▼
C C00571703

Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee
RED ELEPHANT STRATEGY LLC

Mailing Address 25475 MARSH LANDING PKWY

City: PONTE VEDRA BEACH | State: FL | Zip Code: 32082

Purpose of Expenditure: MEDIA PRODUCTION | Category/ Type:

Date of Public Distribution/Dissemination: 08 / 20 / 2026

Amount: 4550.00

Transaction ID : SE.11

Date of Disbursement or Obligation: 08 / 21 / 2026

Name of Federal Candidate: TUREK, JOSHUA, , ,

☐ Support ☒ Oppose

Office Sought: ☐ House ☐ President ☒ Senate | District: | State: IA

Calendar Year-To-Date Per Election for Office Sought: 2084283.04

Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

Full Name of Payee
MHB MEDIA, INC

Mailing Address P.O. BOX 3033

City: ARLINGTON | State: VA | Zip Code: 22203

Purpose of Expenditure: MEDIA PLACEMENT | Category/ Type:

Date of Public Distribution/Dissemination: 08 / 19 / 2026

Amount: 1133546.04

Transaction ID : SE.12

Date of Disbursement or Obligation: 08 / 14 / 2026

Name of Federal Candidate: JACKSON, TROY, DALE, ,

☐ Support ☒ Oppose

Office Sought: ☐ House ☐ President ☒ Senate | District: | State: ME

Calendar Year-To-Date Per Election for Office Sought: 3503882.16

Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ▶ 1138096.04

(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.

Crosby, Caleb, , ,
Signature

Date 08 / 21 / 2026

Image# 202608219903381236

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

NAME OF COMMITTEE (In Full)
SLF PAC

FEC IDENTIFICATION NUMBER ▼
C C00571703

Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee
FLEXPOINT MEDIA

Mailing Address 6530 W CAMPUS OVAL, SUITE 175

City: NEW ALBANY | State: OH | Zip Code: 43054

Purpose of Expenditure: MEDIA PLACEMENT

Category/ Type:

Name of Federal Candidate: PELTOLA, MARY, , ,

☐ Support ☒ Oppose

Calendar Year-To-Date Per Election for Office Sought: 943805.15

Date of Public Distribution/Dissemination: 08 / 19 / 2026

Amount: 570043.85

Transaction ID : SE.1

Date of Disbursement or Obligation: 08 / 17 / 2026

Office Sought: ☐ House ☐ President ☒ Senate District: State: AK

Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

Full Name of Payee
FLEXPOINT MEDIA

Mailing Address 6530 W CAMPUS OVAL, SUITE 175

City: NEW ALBANY | State: OH | Zip Code: 43054

Purpose of Expenditure: MEDIA PLACEMENT

Category/ Type:

Name of Federal Candidate: PELTOLA, MARY, , ,

☐ Support ☒ Oppose

Calendar Year-To-Date Per Election for Office Sought: 943805.15

Date of Public Distribution/Dissemination: 08 / 19 / 2026

Amount: 200000.00

Transaction ID : SE.2

Date of Disbursement or Obligation: 08 / 19 / 2026

Office Sought: ☐ House ☐ President ☒ Senate District: State: AK

Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ▶ 770043.85

(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.

Crosby, Caleb, , ,
Signature

Date 08 / 21 / 2026

Image# 202608219903381237

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

NAME OF COMMITTEE (In Full)
SLF PAC

FEC IDENTIFICATION NUMBER ▼
C C00571703

Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee
FLEXPOINT MEDIA

Mailing Address 6530 W CAMPUS OVAL, SUITE 175

City: NEW ALBANY | State: OH | Zip Code: 43054

Purpose of Expenditure: MEDIA PLACEMENT | Category/ Type:

Date of Public Distribution/Dissemination: 08 / 19 / 2026

Amount: 150000.00

Transaction ID : SE.3

Date of Disbursement or Obligation: 08 / 19 / 2026

Name of Federal Candidate: PELTOLA, MARY, , ,
☐ Support ☒ Oppose

Office Sought: ☐ House ☐ President ☒ Senate | District: | State: AK

Calendar Year-To-Date Per Election for Office Sought: 943805.15

Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

Full Name of Payee
PRIME MEDIA PARTNERS, LLC

Mailing Address 4201 WILSON BLVD

City: ARLINGTON | State: VA | Zip Code: 22203

Purpose of Expenditure: MEDIA PRODUCTION | Category/ Type:

Date of Public Distribution/Dissemination: 08 / 19 / 2026

Amount: 20500.00

Transaction ID : SE.4

Date of Disbursement or Obligation: 08 / 19 / 2026

Name of Federal Candidate: PELTOLA, MARY, , ,
☐ Support ☒ Oppose

Office Sought: ☐ House ☐ President ☒ Senate | District: | State: AK

Calendar Year-To-Date Per Election for Office Sought: 943805.15

Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ▶ 170500.00

(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.

Crosby, Caleb, , ,
Signature

Date 08 / 21 / 2026

Image# 202608219903381238

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

NAME OF COMMITTEE (In Full)
SLF PAC

FEC IDENTIFICATION NUMBER ▼
C C00571703

Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee
THM CONSULTING LLC

Mailing Address 23971 64TH AVE

City: MATTAWAN | State: MI | Zip Code: 49071

Purpose of Expenditure: TEXT MESSAGING

Category/ Type:

Date of Public Distribution/Dissemination: 08 / 19 / 2026

Amount: 485.59

Transaction ID : SE.5

Date of Disbursement or Obligation: 08 / 19 / 2026

Name of Federal Candidate: PELTOLA, MARY, , ,

☐ Support ☒ Oppose

Office Sought: ☐ House District: ☐ President ☒ Senate State: AK

Calendar Year-To-Date Per Election for Office Sought: 943805.15

Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

Full Name of Payee
THM CONSULTING LLC

Mailing Address 23971 64TH AVE

City: MATTAWAN | State: MI | Zip Code: 49071

Purpose of Expenditure: TEXT MESSAGING

Category/ Type:

Date of Public Distribution/Dissemination: 08 / 21 / 2026

Amount: 2775.71

Transaction ID : SE.6

Date of Disbursement or Obligation: 08 / 21 / 2026

Name of Federal Candidate: PELTOLA, MARY, , ,

☐ Support ☒ Oppose

Office Sought: ☐ House District: ☐ President ☒ Senate State: AK

Calendar Year-To-Date Per Election for Office Sought: 943805.15

Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ▶ 3261.30

(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.

Crosby, Caleb, , ,
Signature

Date 08 / 21 / 2026

Image# 202608219903381239

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

NAME OF COMMITTEE (In Full)
SLF PAC

FEC IDENTIFICATION NUMBER ▼
C C00571703

Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee
PRIME MEDIA PARTNERS, LLC

Mailing Address 4201 WILSON BLVD

City: ARLINGTON | State: VA | Zip Code: 22203

Purpose of Expenditure: MEDIA PRODUCTION | Category/ Type:

Date of Public Distribution/Dissemination: 08 / 19 / 2026

Amount: 17500.00

Transaction ID : SE.25

Date of Disbursement or Obligation: 08 / 19 / 2026

Name of Federal Candidate: COOPER, ROY, , ,

☐ Support ☒ Oppose

Office Sought: ☐ House District: ☐ President ☒ Senate State: NC

Calendar Year-To-Date Per Election for Office Sought: 11744717.49

Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

Full Name of Payee
THM CONSULTING LLC

Mailing Address 23971 64TH AVE

City: MATTAWAN | State: MI | Zip Code: 49071

Purpose of Expenditure: TEXT MESSAGING | Category/ Type:

Date of Public Distribution/Dissemination: 08 / 19 / 2026

Amount: 16820.86

Transaction ID : SE.26

Date of Disbursement or Obligation: 08 / 19 / 2026

Name of Federal Candidate: COOPER, ROY, , ,

☐ Support ☒ Oppose

Office Sought: ☐ House District: ☐ President ☒ Senate State: NC

Calendar Year-To-Date Per Election for Office Sought: 11744717.49

Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ▶ 34320.86

(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.

Crosby, Caleb, , ,
Signature

Date 08 / 21 / 2026

Image# 202608219903381240

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

NAME OF COMMITTEE (In Full)
SLF PAC

FEC IDENTIFICATION NUMBER ▼
C C00571703

Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee
CALIBER CONTACT

Mailing Address 101 1/2 S UNION ST

City: ALEXANDRIA | State: VA | Zip Code: 22314

Purpose of Expenditure
POSTAGE / PRINTING / PRODUCTION

Category/ Type:

Date of Public Distribution/Dissemination
08 / 19 / 2026

Amount
246323.73

Transaction ID : SE.27

Date of Disbursement or Obligation
08 / 21 / 2026

Name of Federal Candidate
COOPER, ROY, , ,

☐ Support ☒ Oppose

Office Sought: ☐ House District: ____ ☐ President ☒ Senate State: NC

Calendar Year-To-Date Per Election for Office Sought
11744717.49

Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶ ____

Full Name of Payee
THM CONSULTING LLC

Mailing Address 23971 64TH AVE

City: MATTAWAN | State: MI | Zip Code: 49071

Purpose of Expenditure
TEXT MESSAGING

Category/ Type:

Date of Public Distribution/Dissemination
08 / 21 / 2026

Amount
16306.15

Transaction ID : SE.28

Date of Disbursement or Obligation
08 / 21 / 2026

Name of Federal Candidate
COOPER, ROY, , ,

☐ Support ☒ Oppose

Office Sought: ☐ House District: ____ ☐ President ☒ Senate State: NC

Calendar Year-To-Date Per Election for Office Sought
11744717.49

Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶ ____

(a) SUBTOTAL of Itemized Independent Expenditures ▶ 262629.88

(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.

Crosby, Caleb, , ,
Signature

Date 08 / 21 / 2026

Image# 202608219903381241

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

NAME OF COMMITTEE (In Full)
SLF PAC

FEC IDENTIFICATION NUMBER ▼
C C00571703

Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee
MAJORITY STRATEGIES LLC

Mailing Address P.O. BOX 679219

City DALLAS | State TX | Zip Code 75267

Purpose of Expenditure
MEDIA PLACEMENT

Category/ Type

Date of Public Distribution/Dissemination
08 / 19 / 2026

Amount
500000.00

Transaction ID : SE.19

Date of Disbursement or Obligation
08 / 19 / 2026

Name of Federal Candidate
EL-SAYED, ABDUL, , ,

☐ Support ☒ Oppose

Office Sought: ☐ House ☐ President ☒ Senate District: ____ State: MI

Calendar Year-To-Date Per Election for Office Sought
4392411.79

Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶ ____

Full Name of Payee
MAJORITY STRATEGIES LLC

Mailing Address P.O. BOX 679219

City DALLAS | State TX | Zip Code 75267

Purpose of Expenditure
MEDIA PLACEMENT

Category/ Type

Date of Public Distribution/Dissemination
08 / 19 / 2026

Amount
250000.00

Transaction ID : SE.20

Date of Disbursement or Obligation
08 / 19 / 2026

Name of Federal Candidate
EL-SAYED, ABDUL, , ,

☐ Support ☒ Oppose

Office Sought: ☐ House ☐ President ☒ Senate District: ____ State: MI

Calendar Year-To-Date Per Election for Office Sought
4392411.79

Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶ ____

(a) SUBTOTAL of Itemized Independent Expenditures ▶ 750000.00

(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.

Crosby, Caleb, , ,
Signature

Date 08 / 21 / 2026

Image# 202608219903381242

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

NAME OF COMMITTEE (In Full)
SLF PAC

FEC IDENTIFICATION NUMBER ▼
C C00571703

Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee
THM CONSULTING LLC

Mailing Address 23971 64TH AVE

City: MATTAWAN | State: MI | Zip Code: 49071

Purpose of Expenditure: TEXT MESSAGING | Category/ Type:

Date of Public Distribution/Dissemination: 08 / 21 / 2026

Amount: 11463.03

Transaction ID : SE.21

Date of Disbursement or Obligation: 08 / 21 / 2026

Name of Federal Candidate: EL-SAYED, ABDUL, , ,

☐ Support ☒ Oppose

Office Sought: ☐ House ☐ President ☒ Senate District: ____ State: MI

Calendar Year-To-Date Per Election for Office Sought: 4392411.79

Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶ ____

Full Name of Payee
FLEXPOINT MEDIA

Mailing Address 6530 W CAMPUS OVAL, SUITE 175

City: NEW ALBANY | State: OH | Zip Code: 43054

Purpose of Expenditure: MEDIA PLACEMENT | Category/ Type:

Date of Public Distribution/Dissemination: 08 / 19 / 2026

Amount: 1255177.80

Transaction ID : SE.22

Date of Disbursement or Obligation: 08 / 17 / 2026

Name of Federal Candidate: COOPER, ROY, , ,

☐ Support ☒ Oppose

Office Sought: ☐ House ☐ President ☒ Senate District: ____ State: NC

Calendar Year-To-Date Per Election for Office Sought: 11744717.49

Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶ ____

(a) SUBTOTAL of Itemized Independent Expenditures ▶ 1266640.83

(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.

Crosby, Caleb, , ,
Signature

Date 08 / 21 / 2026

Image# 202608219903381243

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

NAME OF COMMITTEE (In Full)
SLF PAC

FEC IDENTIFICATION NUMBER ▼
C C00571703

Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee
FLEXPOINT MEDIA

Mailing Address 6530 W CAMPUS OVAL, SUITE 175

City: NEW ALBANY | State: OH | Zip Code: 43054

Purpose of Expenditure: MEDIA PLACEMENT

Category/ Type:

Date of Public Distribution/Dissemination: 08 / 19 / 2026

Amount: 1100000.00

Transaction ID : SE.23

Date of Disbursement or Obligation: 08 / 19 / 2026

Name of Federal Candidate
COOPER, ROY, , ,

☐ Support ☒ Oppose

Office Sought: ☐ House ☐ President ☒ Senate District: State: NC

Calendar Year-To-Date Per Election for Office Sought: 11744717.49

Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

Full Name of Payee
FLEXPOINT MEDIA

Mailing Address 6530 W CAMPUS OVAL, SUITE 175

City: NEW ALBANY | State: OH | Zip Code: 43054

Purpose of Expenditure: MEDIA PLACEMENT

Category/ Type:

Date of Public Distribution/Dissemination: 08 / 19 / 2026

Amount: 250000.00

Transaction ID : SE.24

Date of Disbursement or Obligation: 08 / 19 / 2026

Name of Federal Candidate
COOPER, ROY, , ,

☐ Support ☒ Oppose

Office Sought: ☐ House ☐ President ☒ Senate District: State: NC

Calendar Year-To-Date Per Election for Office Sought: 11744717.49

Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ▶	1350000.00
(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.

Crosby, Caleb, , ,
Signature

Date 08 / 21 / 2026

Image# 202608219903381244

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

NAME OF COMMITTEE (In Full)
SLF PAC

FEC IDENTIFICATION NUMBER ▼
C C00571703

Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee
ALAMO INTELLIGENCE LLC

Mailing Address 80 M ST SE, STE 470

City: WASHINGTON | State: DC | Zip Code: 20003

Purpose of Expenditure: MEDIA PLACEMENT

Category/ Type:

Date of Public Distribution/Dissemination: 08 / 19 / 2026

Amount: 350000.00

Transaction ID : SE.13

Date of Disbursement or Obligation: 08 / 19 / 2026

Name of Federal Candidate: JACKSON, TROY, DALE, ,

☐ Support ☒ Oppose

Office Sought: ☐ House ☐ President ☒ Senate District: State: ME

Calendar Year-To-Date Per Election for Office Sought: 3503882.16

Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

Full Name of Payee
ALAMO INTELLIGENCE LLC

Mailing Address 80 M ST SE, STE 470

City: WASHINGTON | State: DC | Zip Code: 20003

Purpose of Expenditure: MEDIA PLACEMENT

Category/ Type:

Date of Public Distribution/Dissemination: 08 / 19 / 2026

Amount: 200000.00

Transaction ID : SE.14

Date of Disbursement or Obligation: 08 / 19 / 2026

Name of Federal Candidate: JACKSON, TROY, DALE, ,

☐ Support ☒ Oppose

Office Sought: ☐ House ☐ President ☒ Senate District: State: ME

Calendar Year-To-Date Per Election for Office Sought: 3503882.16

Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ▶	550000.00
(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.

Crosby, Caleb, , ,
Signature

Date: 08 / 21 / 2026

Image# 202608219903381245

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

NAME OF COMMITTEE (In Full)
SLF PAC

FEC IDENTIFICATION NUMBER ▼
C C00571703

Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee
DREAM AMERICA MEDIA

Mailing Address 7198 BOOKER T WASHINGTON HWY, UNIT

City: WIRTZ | State: VA | Zip Code: 24184

Purpose of Expenditure: MEDIA PRODUCTION

Category/ Type:

Name of Federal Candidate: JACKSON, TROY, DALE, ,

☐ Support ☒ Oppose

Calendar Year-To-Date Per Election for Office Sought: 3503882.16

Date of Public Distribution/Dissemination: 08 / 20 / 2026

Amount: 17500.00

Transaction ID : SE.15

Date of Disbursement or Obligation: 08 / 20 / 2026

Office Sought: ☐ House ☐ President ☒ Senate District: ____ State: ME

Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶ ____

Full Name of Payee
THM CONSULTING LLC

Mailing Address 23971 64TH AVE

City: MATTAWAN | State: MI | Zip Code: 49071

Purpose of Expenditure: TEXT MESSAGING

Category/ Type:

Name of Federal Candidate: JACKSON, TROY, DALE, ,

☐ Support ☒ Oppose

Calendar Year-To-Date Per Election for Office Sought: 3503882.16

Date of Public Distribution/Dissemination: 08 / 21 / 2026

Amount: 1790.08

Transaction ID : SE.16

Date of Disbursement or Obligation: 08 / 21 / 2026

Office Sought: ☐ House ☐ President ☒ Senate District: ____ State: ME

Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶ ____

(a) SUBTOTAL of Itemized Independent Expenditures ▶ 19290.08

(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.

Crosby, Caleb, , ,
Signature

Date 08 / 21 / 2026

Image# 202608219903381246

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

NAME OF COMMITTEE (In Full)
SLF PAC

FEC IDENTIFICATION NUMBER ▼
C C00571703

Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee
MHB MEDIA, INC

Mailing Address P.O. BOX 3033

City: ARLINGTON | State: VA | Zip Code: 22203

Purpose of Expenditure: MEDIA PLACEMENT

Category/ Type:

Date of Public Distribution/Dissemination: 08 / 19 / 2026

Amount: 1396740.63

Transaction ID : SE.17

Date of Disbursement or Obligation: 08 / 17 / 2026

Name of Federal Candidate
EL-SAYED, ABDUL, , ,

☐ Support ☒ Oppose

Office Sought: ☐ House ☐ President ☒ Senate District: ____ State: MI

Calendar Year-To-Date Per Election for Office Sought: 4392411.79

Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶ ____

Full Name of Payee
MHB MEDIA, INC

Mailing Address P.O. BOX 3033

City: ARLINGTON | State: VA | Zip Code: 22203

Purpose of Expenditure: MEDIA PLACEMENT

Category/ Type:

Date of Public Distribution/Dissemination: 08 / 19 / 2026

Amount: 69472.50

Transaction ID : SE.18

Date of Disbursement or Obligation: 08 / 18 / 2026

Name of Federal Candidate
EL-SAYED, ABDUL, , ,

☐ Support ☒ Oppose

Office Sought: ☐ House ☐ President ☒ Senate District: ____ State: MI

Calendar Year-To-Date Per Election for Office Sought: 4392411.79

Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶ ____

(a) SUBTOTAL of Itemized Independent Expenditures ▶ 1466213.13

(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.

Crosby, Caleb, , ,
Signature

Date 08 / 21 / 2026

Image# 202608219903381247

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

NAME OF COMMITTEE (In Full)
SLF PAC

FEC IDENTIFICATION NUMBER ▼
C C00571703

Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee
FLEXPOINT MEDIA

Mailing Address 6530 W CAMPUS OVAL, SUITE 175

City: NEW ALBANY | State: OH | Zip Code: 43054

Purpose of Expenditure
MEDIA PLACEMENT

Category/ Type:

Date of Public Distribution/Dissemination
08 / 19 / 2026

Amount
1052843.79

Transaction ID : SE.7

Date of Disbursement or Obligation
08 / 17 / 2026

Name of Federal Candidate
TUREK, JOSHUA, , ,

☐ Support ☒ Oppose

Office Sought: ☐ House ☐ President ☒ Senate District: State: IA

Calendar Year-To-Date Per Election for Office Sought
2084283.04

Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

Full Name of Payee
MAJORITY STRATEGIES LLC

Mailing Address P.O. BOX 679219

City: DALLAS | State: TX | Zip Code: 75267

Purpose of Expenditure
MEDIA PLACEMENT

Category/ Type:

Date of Public Distribution/Dissemination
08 / 19 / 2026

Amount
600000.00

Transaction ID : SE.8

Date of Disbursement or Obligation
08 / 19 / 2026

Name of Federal Candidate
TUREK, JOSHUA, , ,

☐ Support ☒ Oppose

Office Sought: ☐ House ☐ President ☒ Senate District: State: IA

Calendar Year-To-Date Per Election for Office Sought
2084283.04

Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ▶ 1652843.79

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures ▶ 9641639.76

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.

Crosby, Caleb, , ,
Signature

Date 08 / 21 / 2026