

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

|                                                                                                                                                                                                                                                                                                                                                             |             |                                                                                 |                                                                                                                                                                                                                                           |                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>SD 2026</b>                                                                                                                                                                                                                                                                                                               |             |                                                                                 | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00935015                                                                                                                                                                                         |                                                                                                                                                             |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>                                                                        |             |                                                                                 |                                                                                                                                                                                                                                           |                                                                                                                                                             |
| Full Name of Payee<br>Mission Control, Inc.                                                                                                                                                                                                                                                                                                                 |             |                                                                                 | Date of Public Distribution/Dissemination<br><span style="border:1px solid black; padding:2px;">07</span> / <span style="border:1px solid black; padding:2px;">22</span> / <span style="border:1px solid black; padding:2px;">2026</span> |                                                                                                                                                             |
| Mailing Address 624 Hebron Ave                                                                                                                                                                                                                                                                                                                              |             |                                                                                 | Amount<br><span style="border:1px solid black; padding:2px;">50877.77</span>                                                                                                                                                              |                                                                                                                                                             |
| City<br>Glastonbury                                                                                                                                                                                                                                                                                                                                         | State<br>CT | Zip Code<br>06033-2470                                                          | Transaction ID : 500520990                                                                                                                                                                                                                |                                                                                                                                                             |
| Purpose of Expenditure<br>Direct Mail Advertising (Estimate)                                                                                                                                                                                                                                                                                                |             | Category/<br>Type <span style="border:1px solid black; padding:2px;">004</span> | Date of Disbursement or Obligation<br><span style="border:1px solid black; padding:2px;">07</span> / <span style="border:1px solid black; padding:2px;">22</span> / <span style="border:1px solid black; padding:2px;">2026</span>        |                                                                                                                                                             |
| Name of Federal Candidate<br>JONES, SHEVRIN, , ,                                                                                                                                                                                                                                                                                                            |             |                                                                                 | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                                                                                            | Office Sought: <input checked="" type="checkbox"/> House    District: 24<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: FL |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border:1px solid black; padding:2px;">684022.67</span>                                                                                                                                                                                                                                 |             |                                                                                 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                                                                                              |                                                                                                                                                             |
| Full Name of Payee                                                                                                                                                                                                                                                                                                                                          |             |                                                                                 | Date of Public Distribution/Dissemination<br><span style="border:1px solid black; padding:2px;"> </span> / <span style="border:1px solid black; padding:2px;"> </span> / <span style="border:1px solid black; padding:2px;"> </span>      |                                                                                                                                                             |
| Mailing Address                                                                                                                                                                                                                                                                                                                                             |             |                                                                                 | Amount<br><span style="border:1px solid black; padding:2px;"> </span>                                                                                                                                                                     |                                                                                                                                                             |
| City                                                                                                                                                                                                                                                                                                                                                        | State       | Zip Code                                                                        | Date of Disbursement or Obligation<br><span style="border:1px solid black; padding:2px;"> </span> / <span style="border:1px solid black; padding:2px;"> </span> / <span style="border:1px solid black; padding:2px;"> </span>             |                                                                                                                                                             |
| Purpose of Expenditure                                                                                                                                                                                                                                                                                                                                      |             | Category/<br>Type <span style="border:1px solid black; padding:2px;"> </span>   |                                                                                                                                                                                                                                           |                                                                                                                                                             |
| 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 <span style="border:1px solid black; padding:2px;"> </span>                                                                                                                                                                                                                                         |             |                                                                                 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                                                                                                         |                                                                                                                                                             |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                    |             |                                                                                 | <span style="border:1px solid black; padding:2px;">50877.77</span>                                                                                                                                                                        |                                                                                                                                                             |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶                                                                                                                                                                                                                                                                                                 |             |                                                                                 | <span style="border:1px solid black; padding:2px;"> </span>                                                                                                                                                                               |                                                                                                                                                             |
| (c) TOTAL Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                                   |             |                                                                                 | <span style="border:1px solid black; padding:2px;">50877.77</span>                                                                                                                                                                        |                                                                                                                                                             |
| 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<br><br>Henry, Jim, , ,                                                                                                                                                                                                                                                                                                                            |             |                                                                                 | Date <span style="border:1px solid black; padding:2px;">07</span> / <span style="border:1px solid black; padding:2px;">24</span> / <span style="border:1px solid black; padding:2px;">2026</span>                                         |                                                                                                                                                             |