

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

NAME OF COMMITTEE (In Full) Leaders We Deserve			FEC IDENTIFICATION NUMBER ▼ C C00843110		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Strategic Media Advisors			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2026 M M M / D D D / Y Y Y Y Y Y		
Mailing Address 300 Ottawa Ave NW Ste 400			Amount 22070.96		
City State Zip Code Grand Rapids MI 49503-2308		Transaction ID : 500838702 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 20 / 2026 M M M / D D D / Y Y Y Y Y Y			
Purpose of Expenditure Postage - Non-Contribution Account		Category/ Type			
Name of Federal Candidate LYNCH, STEPHEN, , ,		☐ Support ☒ Oppose		Office Sought: ☒ House District: 08 ☐ President ☐ Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought		102776.95		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	
Full Name of Payee Strategic Media Advisors			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2026 M M M / D D D / Y Y Y Y Y Y		
Mailing Address 300 Ottawa Ave NW Ste 400			Amount 19155.92		
City State Zip Code Grand Rapids MI 49503-2308		Transaction ID : 500838703 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 20 / 2026 M M M / D D D / Y Y Y Y Y Y			
Purpose of Expenditure Direct Mail Production - Non-Contribution Account		Category/ Type			
Name of Federal Candidate LYNCH, STEPHEN, , ,		☐ Support ☒ Oppose		Office Sought: ☒ House District: 08 ☐ President ☐ Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought		102776.95		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			41226.88		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			41226.88		
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 Van Hall, Laurie, , ,			Date M M M / D D D / Y Y Y Y Y Y 07 / 22 / 2026 M M M / D D D / Y Y Y Y Y Y		