

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

NAME OF COMMITTEE (In Full) YOUR COMMUNITY PAC			FEC IDENTIFICATION NUMBER ▼ C C00886614	
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee MVAR Media LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 18 / 2026	
Mailing Address 1421 Prince Street Suite 320			Amount 15914.10	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.4874	
Purpose of Expenditure TV and Digital Ad Production (Estimate); also supporting Lindsay James		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate MITCHELL, JOE, , ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		571728.28	Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶	
Full Name of Payee MVAR Media LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 18 / 2026	
Mailing Address 1421 Prince Street Suite 320			Amount 100000.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.4867	
Purpose of Expenditure Digital Advertising (Estimate); also supporting Lindsay James		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 17 / 2026	
Name of Federal Candidate MITCHELL, JOE, , ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		481334.00	Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			115914.10	
(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.				
Signature TITUS HILBY, ANNE, , ,			Date M M / D D / Y Y Y Y Y Y 08 / 18 / 2026	

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NAME OF COMMITTEE (In Full) YOUR COMMUNITY PAC		FEC IDENTIFICATION NUMBER ▼ C C00886614	
Check if ☐ 24-hour report ☒ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee Targeted Platform Media, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 18 / 2026	
Mailing Address P.O. Box 237		Amount 381334.00	
City Crownsville	State MD	Zip Code 21032	Transaction ID : SE.4876
Purpose of Expenditure TV Advertising (Estimate); also supporting Lindsay James		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 14 / 2026
Name of Federal Candidate MITCHELL, JOE, , ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		381334.00	Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

Full Name of Payee Targeted Platform Media, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 18 / 2026	
Mailing Address P.O. Box 237		Amount 74480.18	
City Crownsville	State MD	Zip Code 21032	Transaction ID : SE.4870
Purpose of Expenditure TV Advertising (Estimate); also supporting Lindsay James		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 17 / 2026
Name of Federal Candidate MITCHELL, JOE, , ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		555814.18	Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	455814.18
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	571728.28

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.

TITUS HILBY, ANNE, , ,

Signature

Date

MM / DD / YYYY
08 / 18 / 2026