

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

NAME OF COMMITTEE (In Full) NATIONAL VICTORY ACTION FUND			FEC IDENTIFICATION NUMBER ▼ C C00760124		
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 DIGITAL MARKETING SOLUTIONS GROUP, LLC			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 22 / 2025 M M M / D D D / Y Y Y Y Y Y		
Mailing Address 3301 RICHMOND HWY #1027			Amount 10000.00		
City State Zip Code ALEXANDRIA VA 22305-		Transaction ID : SE24.904 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 22 / 2025 M M M / D D D / Y Y Y Y Y Y			
Purpose of Expenditure NON-CONTRIBUTION ACCT: ONLINE ADVERTISING / EMAIL COMMUNICATION / SMS MESSAGES		Category/ Type			
Name of Federal Candidate HAGERTY, BILL, , ,			☒ Support ☐ Oppose Office Sought: ☐ House ☒ Senate ☐ President District: _____ State: TN		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶ _____		
Full Name of Payee			Date of Public Distribution/Dissemination 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		
Mailing Address			Amount 		
City State Zip Code		Date of Disbursement or Obligation 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			
Purpose of Expenditure		Category/ Type			
Name of Federal Candidate			☐ Support ☐ Oppose Office Sought: ☐ House ☐ Senate ☐ President District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 10000.00 (b) SUBTOTAL of Unitemized Independent Expenditures ▶ (c) TOTAL Independent Expenditures..... ▶ 10000.00					
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 RUTLAND, JANNA, , , Date M M M / D D D / Y Y Y Y Y Y 08 / 24 / 2025 M M M / D D D / Y Y Y Y Y Y					