

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

NAME OF COMMITTEE (In Full) CONSERVATIVES FOR AMERICAN EXCELLENCE INC.		FEC IDENTIFICATION NUMBER ▼ C C00835967
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee FLEXPOINT MEDIA		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2026
Mailing Address 9861 WEST CAMPUS OVAL		Amount 95803.80
City NEW ALBANY	State OH	Zip Code 43054
Purpose of Expenditure MEDIA PRODUCTION & ADVERTISEMENT	Category/ Type 004	Transaction ID : E-2044 Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2026
Name of Federal Candidate SESSLER, JERROD, , , ☐ Support ☒ Oppose		Office Sought: ☒ House District: 04 ☐ President ☐ Senate State: WA
Calendar Year-To-Date Per Election for Office Sought 107707.00		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

Full Name of Payee FLEXPOINT MEDIA		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2026
Mailing Address 9861 WEST CAMPUS OVAL		Amount 11903.20
City NEW ALBANY	State OH	Zip Code 43054
Purpose of Expenditure MEDIA PRODUCTION & ADVERTISEMENT	Category/ Type 004	Transaction ID : E-2045 Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2026
Name of Federal Candidate MCKINNEY, AMANDA, , , ☒ Support ☐ Oppose		Office Sought: ☒ House District: 04 ☐ President ☐ Senate State: WA
Calendar Year-To-Date Per Election for Office Sought 107707.00		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	107707.00
(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.

HASTIE, CHRISSIE, , ,

Signature

Date

MM / DD / YYYY
07 / 27 / 2026

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CONSERVATIVES FOR AMERICAN EXCELLENCE INC.			FEC IDENTIFICATION NUMBER ▼ C C00835967		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y					
Full Name of Payee MHB MEDIA INC.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 27 / 2026 M M / D D / Y Y Y Y Y Y		
Mailing Address PO BOX 3033			Amount 58800.00		
City ARLINGTON		State VA	Zip Code 22203		Transaction ID : E-2052
Purpose of Expenditure MEDIA ADVERTISEMENT		Category/ Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 27 / 2026 M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate BRATTIN, RICHARD, RAY, , JR.			☐ Support ☒ Oppose		Office Sought: ☒ House District: 05 ☐ President ☐ Senate State: MO
Calendar Year-To-Date Per Election for Office Sought			1179794.34		Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y		
Mailing Address			Amount 		
City		State	Zip Code		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y
Purpose of Expenditure		Category/ Type			
Name of Federal Candidate			☐ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought					Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			58800.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			166507.00		
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 HASTIE, CHRISSIE, , ,			Date M M / D D / Y Y Y Y Y Y 07 / 27 / 2026 M M / D D / Y Y Y Y Y Y		