

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

NAME OF COMMITTEE (In Full) HOME GROWN CONSERVATIVES PAC		FEC IDENTIFICATION NUMBER ▼ C C00957316	
Check if ☒ 24-hour report ☐ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee ENGAGEMENT STRATEGIES INC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 10 / 2026	
Mailing Address 5382 N HIGHWAY 36		Amount 4500.00	
City ERDA	State UT	Zip Code 84074	Transaction ID : SE.4110
Purpose of Expenditure TEXT MESSAGES		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 11 / 2026
Name of Federal Candidate BUTLER, BENJAMIN BEN, ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 09 ☐ President ☐ Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		24826.06	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

Full Name of Payee SPECTRUM MARKETING COMPANIES		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 11 / 2026	
Mailing Address 95 EDDY RD SUITE 101		Amount 16813.96	
City MANCHESTER	State NH	Zip Code 03102	Transaction ID : SE.4105
Purpose of Expenditure DIRECT MAIL PRINTING & POSTAGE		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 06 / 2026
Name of Federal Candidate BUTLER, BENJAMIN BEN, ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 09 ☐ President ☐ Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		16813.96	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	21313.96
(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.

STEVENSON, EDWARD, , ,

Signature

Date

MM / DD / YYYY
08 / 11 / 2026

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

NAME OF COMMITTEE (In Full) HOMEGROWN CONSERVATIVES PAC		FEC IDENTIFICATION NUMBER ▼ C C00957316	
Check if ☒ 24-hour report ☐ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee SPECTRUM MARKETING COMPANIES		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 11 / 2026	
Mailing Address 95 EDDY RD SUITE 101		Amount 3512.10	
City MANCHESTER	State NH	Zip Code 03102	Transaction ID : SE.4107
Purpose of Expenditure DIRECT MAIL PRINTING & POSTAGE		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 10 / 2026
Name of Federal Candidate BUTLER, BENJAMIN BEN, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 09 ☐ President ☐ Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		20326.06	Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
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..... ▶	3512.10
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	24826.06

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.

STEVENSON, EDWARD, , ,

Signature

Date

MM / DD / YYYY
08 / 11 / 2026