

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

NAME OF COMMITTEE (In Full) SD 2026		FEC IDENTIFICATION NUMBER ▼ C C00935015
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee TBOCN LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2026
Mailing Address 8 The Grn Ste B		Amount 33174.83
City Dover	State DE	Zip Code 19901-3618
Purpose of Expenditure Direct Mail Advertising (Estimate)	Category/ Type 004	Transaction ID : 500521027 Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2026
Name of Federal Candidate TAYLOR, SHANNON, LEIGH, , ☒ Support ☐ Oppose		Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: VA
Calendar Year-To-Date Per Election for Office Sought 266990.67		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
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
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..... ▶	33174.83
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	33174.83

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.

Henry, Jim, , ,
Signature

Date 07 / 26 / 2026