

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                 |                                                                                                                                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>NEW SOUTHERN MAJORITY IE PAC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                 | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00814202</div>                                                         |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M / D D / Y Y Y Y Y Y</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                 |                                                                                                                                                                                                   |  |
| Full Name of Payee<br>1Vision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                 | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M / D D / Y Y Y Y Y Y</div><br>10 / 28 / 2024 |  |
| Mailing Address 9346 Telge Road                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                 | Amount<br><div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">18633.12</div>                                                                     |  |
| City State Zip Code<br>Houston TX 77095                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Transaction ID : WFT20249281114-1<br>Date of Disbursement or Obligation<br><div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">M M / D D / Y Y Y Y Y Y</div><br>10 / 28 / 2024 |                                                                                                                                                                                                   |  |
| Purpose of Expenditure<br>Postcards (estimate)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Category/Type <div style="border-bottom: 1px solid black; width: 60px;"></div>                                                                                                                                                  |                                                                                                                                                                                                   |  |
| Name of Federal Candidate<br>Figures, Shomari, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                 | Office Sought: <input checked="" type="checkbox"/> House District: 02<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: AL                                             |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶                                                 |  |
| Full Name of Payee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                 | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M / D D / Y Y Y Y Y Y</div>                  |  |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                 | Amount<br><div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>                                                                                                |  |
| City State Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                 | Date of Disbursement or Obligation<br><div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M / D D / Y Y Y Y Y Y</div>                         |  |
| Purpose of Expenditure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                 | Category/Type <div style="border-bottom: 1px solid black; width: 60px;"></div>                                                                                                                    |  |
| Name of Federal Candidate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                 | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: _____                                                  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                                                                 |  |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶</div><div style="width: 35%; text-align: right;"><div style="border-bottom: 1px solid black; width: 100%; text-align: right;">18633.12</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶</div><div style="width: 35%; text-align: right;"><div style="border-bottom: 1px solid black; width: 100%;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures..... ▶</div><div style="width: 35%; text-align: right;"><div style="border-bottom: 1px solid black; width: 100%; text-align: right;">18633.12</div></div></div> |  |                                                                                                                                                                                                                                 |                                                                                                                                                                                                   |  |
| 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.<br><br><div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;"><p style="margin: 0;">Rogers, Emory, , ,</p><hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/></div><div style="width: 20%; text-align: center;">Date</div><div style="width: 40%; text-align: right;"><div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M / D D / Y Y Y Y Y Y</div><br/>10 / 28 / 2024</div></div>                                                              |  |                                                                                                                                                                                                                                 |                                                                                                                                                                                                   |  |