

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

NAME OF COMMITTEE (In Full) DLGA			FEC IDENTIFICATION NUMBER ▼ C C00685719		
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 Old Town Media			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 14 / 2026 M M / D D / Y Y Y Y Y Y		
Mailing Address 114 Quay Street			Amount 220659.00		
City Alexandria		State VA	Zip Code 22314		Transaction ID : E-15590
Purpose of Expenditure Media		Category/ Type 001		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 08 / 2026 M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Craig, Angie, , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: MN
Calendar Year-To-Date Per Election for Office Sought			1612354.00		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶
Full Name of Payee MZL Media LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 14 / 2026 M M / D D / Y Y Y Y Y Y		
Mailing Address 7 Colonial Court			Amount 20255.00		
City Bay Shore		State NY	Zip Code 11706		Transaction ID : E-15648
Purpose of Expenditure Video Production		Category/ Type 001		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 14 / 2026 M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Craig, Angie, , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: MN
Calendar Year-To-Date Per Election for Office Sought			1612354.00		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			240914.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			240914.00		
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 Gilligan, Tara, , ,			Date M M / D D / Y Y Y Y Y Y 07 / 14 / 2026 M M / D D / Y Y Y Y Y Y		