

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

NAME OF COMMITTEE (In Full) FIRST PRINCIPLES DIGITAL		FEC IDENTIFICATION NUMBER ▼ C C00894428
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee MHB MEDIA, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2026
Mailing Address PO BOX 3033		Amount 810700.00
City ARLINGTON	State VA	Zip Code 22203
Purpose of Expenditure MEDIA PRODUCTION / MEDIA PLACEMENT	Category/ Type	Transaction ID : SE.1 Date of Disbursement or Obligation MM / DD / YYYY 07 / 27 / 2026
Name of Federal Candidate ROGERS, MICHAEL, J, ,	☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 810700.00		Disbursement For: ☒ Primary ☐ General 2026 ☐ 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..... ▶	810700.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	810700.00

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.

GLAZE, KAYLA, , ,

Signature

Date

MM / DD / YYYY
07 / 29 / 2026