

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

NAME OF COMMITTEE (In Full) THE PROGRESS FUND			FEC IDENTIFICATION NUMBER ▼ C C00952093		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Strategy Factory			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 30 / 2026		
Mailing Address 88 Union Avenue Suite 410			Amount 15000.00		
City Memphis		State TN	Zip Code 38103		Transaction ID : SE.4120
Purpose of Expenditure Digital Advertising and Production		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 30 / 2026		
Name of Federal Candidate MOLDER, CHAZ, , ,			☒ Support ☐ Oppose	Office Sought: ☒ House District: 05 ☐ President ☐ Senate State: TN	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address			Amount 		
City		State	Zip Code		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
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..... ▶ 15000.00 (b) SUBTOTAL of Unitemized Independent Expenditures ▶ (c) TOTAL Independent Expenditures..... ▶ 15000.00					
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 Lawson, Phillip, , ,			Date M M / D D / Y Y Y Y Y Y 07 / 31 / 2026		