

**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>SPECIAL OPERATIONS FOR AMERICA</b>                                                                                                                               |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00523241 |
| 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 |  | MM / DD / YYYY                                    |

|                                                         |                   |                                                                                                                                                                                                                                            |
|---------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br>DRAGONFLY CONSULTING              |                   | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>03 / 21 / 2025                                                                                                                                                              |
| Mailing Address 5115 Continental Dr                     |                   | Amount<br>10000.00                                                                                                                                                                                                                         |
| City<br>Frederick                                       | State<br>MD       | Zip Code<br>21703-4803                                                                                                                                                                                                                     |
| Purpose of Expenditure<br>ADVERTISING                   | Category/<br>Type | Transaction ID : E9D6A45D3E1634A7F806<br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br>03 / 19 / 2025                                                                                                                            |
| Name of Federal Candidate<br>Patronis, Jimmy, Jr.,      |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate    District: 01<br><input type="checkbox"/> President    State: FL |
| Calendar Year-To-Date<br>Per Election for Office Sought |                   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br>2025 <input checked="" type="checkbox"/> Other (specify) ▶ Special                                                                                  |

|                                                         |                   |                                                                                                                                                                                                                                            |
|---------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br>DRAGONFLY CONSULTING              |                   | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>03 / 21 / 2025                                                                                                                                                              |
| Mailing Address 5115 Continental Dr                     |                   | Amount<br>10000.00                                                                                                                                                                                                                         |
| City<br>Frederick                                       | State<br>MD       | Zip Code<br>21703-4803                                                                                                                                                                                                                     |
| Purpose of Expenditure<br>ADVERTISING                   | Category/<br>Type | Transaction ID : EAA9C2249C6C54531B46<br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br>03 / 19 / 2025                                                                                                                            |
| Name of Federal Candidate<br>Fine, Randy, ,             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate    District: 06<br><input type="checkbox"/> President    State: FL |
| Calendar Year-To-Date<br>Per Election for Office Sought |                   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br>2025 <input checked="" type="checkbox"/> Other (specify) ▶ Special                                                                                  |

|                                                                    |          |
|--------------------------------------------------------------------|----------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | 20000.00 |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ |          |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   | 20000.00 |

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.

KILGORE, PAUL, , ,

Signature

Date

MM / DD / YYYY  
03 / 21 / 2025