

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

NAME OF COMMITTEE (In Full) SD 2026		FEC IDENTIFICATION NUMBER ▼ C C00935015	
Check if ☒ 24-hour report ☐ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee TBOCN LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2026	
Mailing Address 8 The Grn Ste B		Amount 10286.18	
City Dover	State DE	Zip Code 19901-3618	Transaction ID : 500520827
Purpose of Expenditure Direct Mail Advertising (Estimate)		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2026
Name of Federal Candidate TAYLOR, SHANNON, LEIGH, ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: VA
Calendar Year-To-Date Per Election for Office Sought		233815.84	Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
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..... ▶	10286.18
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	10286.18

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 Henry, Jim, , ,

Date MM / DD / YYYY
07 / 23 / 2026