

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

NAME OF COMMITTEE (In Full) GLCF, INC.		FEC IDENTIFICATION NUMBER ▼ C C00853861	
Check if ☐ 24-hour report ☒ 48-hour report		☐ New report	☒ Amends report filed on
		MM / DD / YYYY	MM / DD / YYYY
		06 / 21 / 2026	

Full Name of Payee Numinar Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 19 / 2026	
Mailing Address 1201 Wilson Blvd		Amount 176363.64	
City Arlington	State VA	Zip Code 22209	Transaction ID : SE24.215
Purpose of Expenditure DIGITAL ADVERTISING	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 22 / 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		Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶	
1582723.64		2026	

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..... ▶	176363.64
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	176363.64

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.

Reid, Katie, , ,

Signature

Date

MM / DD / YYYY
07 / 23 / 2026