

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

NAME OF COMMITTEE (In Full) NATIONAL RIGHT TO LIFE VICTORY FUND			FEC IDENTIFICATION NUMBER ▼ C C00509893	
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee For the Cause LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 20 / 2026		
Mailing Address 11113 W 99th Place		Amount 3900.00		
City Overland Park	State KS	Zip Code 66214	Transaction ID : SE.86782	
Purpose of Expenditure IE-Graham, Darline-Text-Digital		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 20 / 2026	
Name of Federal Candidate GRAHAM, DARLINE, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: SC	
Calendar Year-To-Date Per Election for Office Sought		3900.00	Disbursement For: ☐ Primary ☐ General 2026 ☒ Other (specify) ▶ Runoff	
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.....		3900.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....		3900.00		
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 Conrad, Chuck, , ,		Date MM / DD / YYYY 08 / 21 / 2026		