

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

NAME OF COMMITTEE (In Full) Article One PAC			FEC IDENTIFICATION NUMBER ▼ C C00931774		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y					
Full Name of Payee Mission Control, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 03 / 2026 M M / D D / Y Y Y Y Y Y		
Mailing Address 162 West St Ste F			Amount 55668.09		
City State Zip Code Cromwell CT 06416-4405		Transaction ID : 500182533 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y			
Purpose of Expenditure Direct Mail - Estimate		Category/ Type			
Name of Federal Candidate Shaheen, Stefany, , ,		☒ Support ☐ Oppose		Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought		706755.29		Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶	
Full Name of Payee			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y 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 M M / D D / Y Y Y Y Y Y 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..... ▶			55668.09		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			55668.09		
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 Steele, Rory, , , Date M M / D D / Y Y Y Y Y Y 08 / 05 / 2026 M M / D D / Y Y Y Y Y Y					