

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CLF			FEC IDENTIFICATION NUMBER ▼ C C00504530		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY		
Full Name of Payee ADVANTAGE, INC.			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2026		
Mailing Address 4086 LEGACY PKWY			Amount 18145.92		
City LANSING		State MI	Zip Code 48911	Transaction ID : SE24.3570	
Purpose of Expenditure PHONE CALLS		Category/ Type 004		Date of Disbursement or Obligation MM / DD / YYYY 05 / 28 / 2026	
Name of Federal Candidate LINCOLN, KEVIN, J , II		☒ Support ☐ Oppose		Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought		42908.73		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	
Full Name of Payee CREATIVE STRATEGIC SOLUTIONS			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2026		
Mailing Address 6731 FRONTIER DR #1166			Amount 1909.74		
City SPRINGFIELD		State VA	Zip Code 22150	Transaction ID : SE24.3568	
Purpose of Expenditure TEXT MESSAGES		Category/ Type 004		Date of Disbursement or Obligation MM / DD / YYYY 06 / 02 / 2026	
Name of Federal Candidate LINCOLN, KEVIN, J , II		☒ Support ☐ Oppose		Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought		42908.73		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			20055.66		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
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 Crosby, Caleb, , ,			Date MM / DD / YYYY 06 / 02 / 2026		

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Full Name of Payee CREATIVE STRATEGIC SOLUTIONS		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2026	
Mailing Address 6731 FRONTIER DR #1166		Amount 2618.49	
City SPRINGFIELD	State VA	Zip Code 22150	Transaction ID : SE24.3569
Purpose of Expenditure TEXT MESSAGES	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 02 / 2026	
Name of Federal Candidate VALADAO, DAVID, ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 22 ☐ President ☐ Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2026 ☐ 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..... ▶	2618.49
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	22674.15

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.

Crosby, Caleb, , ,

Signature

Date

MM / DD / YYYY
06 / 02 / 2026