

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

|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                |                                                                                                                                                             |  |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|
| NAME OF COMMITTEE (In Full)<br><b>THANK YOU FOR YOUR ATTENTION TO THIS MATTER PAC</b>                                                                                                                                                                                                                                                                       |  |                                                                                | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00923516                                                                                                           |  |                          |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on                                                                                                                                                          |  |                                                                                | MM / DD / YYYY                                                                                                                                              |  |                          |
| Full Name of Payee<br>SLMG LLC                                                                                                                                                                                                                                                                                                                              |  |                                                                                | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>07 / 22 / 2026                                                                               |  |                          |
| Mailing Address 1037 CUMMINGS CIR                                                                                                                                                                                                                                                                                                                           |  |                                                                                | Amount<br>12000.00                                                                                                                                          |  |                          |
| City<br>MOUNT PLEASANT                                                                                                                                                                                                                                                                                                                                      |  | State<br>SC                                                                    | Zip Code<br>29464                                                                                                                                           |  | Transaction ID : SE.4213 |
| Purpose of Expenditure<br>PRODUCTION COST: DIGITAL AD                                                                                                                                                                                                                                                                                                       |  | Category/<br>Type                                                              | Date of Disbursement or Obligation<br>MM / DD / YYYY<br>07 / 22 / 2026                                                                                      |  |                          |
| Name of Federal Candidate<br>HILLEARY, WILLIAM V., , ,                                                                                                                                                                                                                                                                                                      |  | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House    District: 06<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: TN |  |                          |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |  | 369420.22                                                                      | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶           |  |                          |
| Full Name of Payee<br>WHISTLESTOP STRATEGIES LLC                                                                                                                                                                                                                                                                                                            |  |                                                                                | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>07 / 22 / 2026                                                                               |  |                          |
| Mailing Address 100 COASTAL DR<br>STE 305                                                                                                                                                                                                                                                                                                                   |  |                                                                                | Amount<br>34022.61                                                                                                                                          |  |                          |
| City<br>CHARLESTON                                                                                                                                                                                                                                                                                                                                          |  | State<br>SC                                                                    | Zip Code<br>29492                                                                                                                                           |  | Transaction ID : SE.4211 |
| Purpose of Expenditure<br>DIRECT MAIL: PRINTING AND POSTAGE                                                                                                                                                                                                                                                                                                 |  | Category/<br>Type                                                              | Date of Disbursement or Obligation<br>MM / DD / YYYY<br>07 / 20 / 2026                                                                                      |  |                          |
| Name of Federal Candidate<br>HILLEARY, WILLIAM V., , ,                                                                                                                                                                                                                                                                                                      |  | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House    District: 06<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: TN |  |                          |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |  | 357420.22                                                                      | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶           |  |                          |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                    |  |                                                                                | 46022.61                                                                                                                                                    |  |                          |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶                                                                                                                                                                                                                                                                                                 |  |                                                                                |                                                                                                                                                             |  |                          |
| (c) TOTAL Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                                   |  |                                                                                | 46022.61                                                                                                                                                    |  |                          |
| 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<br>GANTT, CHARLES, , ,                                                                                                                                                                                                                                                                                                                            |  |                                                                                | Date<br>MM / DD / YYYY<br>07 / 23 / 2026                                                                                                                    |  |                          |