

**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>LONE STAR LIBERTY PAC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00901223</div>                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                          |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |
| Full Name of Payee<br>ARMADA STRATEGIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div>02</div><div>16</div><div>2026</div></div> |  |                                                                                                                                                          |
| Mailing Address 3742 NORTH FEDERAL HIGHWAY<br>1032                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">688328.00</div>                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                          |
| City State Zip Code<br>LIGHTHOUSE POINT FL 33064                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Transaction ID : SE.4419<br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div>02</div><div>12</div><div>2026</div></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |
| Purpose of Expenditure<br>AD BUY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |
| Name of Federal Candidate<br>HUNT, WESLEY, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose                                                                                                                                                                                                                                                                                                                                                 |  | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: TX |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1809431.00</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶ _____                                                                                                                                                                                                                                                                        |  |                                                                                                                                                          |
| Full Name of Payee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>                                                                                                             |  |                                                                                                                                                          |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                          |
| City State Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |
| Purpose of Expenditure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |
| Name of Federal Candidate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                                                                                                                                                                                                                                                                                            |  | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: _____         |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                          |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">688328.00</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures..... ▶</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">688328.00</div></div></div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                          |
| 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><br>PHILLIPS, ROBERT, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div>02</div><div>17</div><div>2026</div></div>                                         |  |                                                                                                                                                          |