

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

GLCF, INC.

ADDRESS (number and street)

PO Box 36

Check if different
than previously
reported. (ACC)

Portage

MI

49081

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C

C00853861

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)**4. TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y /

08

04

2026

in the
State of

MI

(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y /

in the
State of

5. Covering Period 07 / 01 / 2026 through 07 / 15 / 2026

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Reid, Katie, , ,

Signature of Treasurer

Reid, Katie, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y /

07

23

2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

GLCF, INC.

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2026

To:

MM / DD / YYYY
07 / 15 / 2026

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2026		5968549.40
(b) Cash on Hand at Beginning of Reporting Period.....	5536200.83	
(c) Total Receipts (from Line 19)	153305.79	1557853.57
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	5689506.62	7526402.97
7. Total Disbursements (from Line 31)	1904914.46	3741810.81
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3784592.16	3784592.16
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

GLCF, INC.

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
07	/	01	/	2026

To:

M M	/	D D	/	Y Y Y Y
07	/	15	/	2026

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	153305.79	1439954.55
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	153305.79	1439954.55
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	153305.79	1439954.55
12. Transfers From Affiliated/Other Party Committees.....	0.00	117899.02
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	153305.79	1557853.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	153305.79	1557853.57

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	315990.82	570163.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	315990.82	570163.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	1588923.64	3171647.28
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1904914.46	3741810.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1904914.46	3741810.81

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	153305.79	1439954.55
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	153305.79	1439954.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	315990.82	570163.53
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	315990.82	570163.53

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 12

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

GLCF, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINREDMailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203-1665FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337954.55

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 06 / 2026

Transaction ID : SA11C.239

Amount of Each Receipt this Period

103305.79

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STALLARD, CECIL, , ,

Mailing Address 340 PURITAN AVE

City
BIRMINGHAMState
MIZip Code
48009-1264FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ARGUS LOGISTICSOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

108305.79

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 02 / 2026

Transaction ID : SA11A.240

Amount of Each Receipt this Period

103305.79

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINREDMailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203-1665FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

337954.55

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2026

Transaction ID : SA11C.275

Amount of Each Receipt this Period

50000.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional)..... ▶

103305.79

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 12
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GLCF, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CAPPO, JEFFREY, , ,

Mailing Address 280 EAST HAVEN DRIVE

City
OWOSSO

State
MI

Zip Code
48867-8804

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYED

Occupation (for Individual)
AUTODEALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230000.00

Date of Receipt

07 / 07 / 2026

Transaction ID : SA11A.276

Amount of Each Receipt this Period

50000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50000.00

153305.79

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 12

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

GLCF, INC.

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK, N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEAN

State
VA

Zip Code
22101

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 01 / 2026

FEC Identification Number

C

Transaction ID : SB21B.I218

Amount of Each Disbursement this Period

27.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK, N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEAN

State
VA

Zip Code
22101

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 02 / 2026

FEC Identification Number

C

Transaction ID : SB21B.I220

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1595 SPRING HILL ROAD
SUITE 500

City
VIENNA

State
VA

Zip Code
22182-2228

Purpose of Disbursement

DATABASE

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 13 / 2026

FEC Identification Number

C

Transaction ID : SB21B.I245

Amount of Each Disbursement this Period

500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

552.50

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 12

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

GLCF, INC.

Full Name (Last, First, Middle Initial)

A. EYESOVER LLC

Mailing Address 3745 MEDINA ROAD

City
MEDINA

State
OH

Zip Code
44256

Purpose of Disbursement

DATA CONSULTING

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 08 / 2026

FEC Identification Number

C

Transaction ID : SB21B.I221

Amount of Each Disbursement this Period

12500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. EYESOVER LLC

Mailing Address 3745 MEDINA ROAD

City
MEDINA

State
OH

Zip Code
44256

Purpose of Disbursement

DATA CONSULTING

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 03 / 2026

FEC Identification Number

C

Transaction ID : SB21B.I222

Amount of Each Disbursement this Period

12500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GRASSROOTS TARGETING

Mailing Address 106 SOUTH COLUMBUS STREET

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement

SURVEY RESEARCH

Candidate Name

005

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 02 / 2026

FEC Identification Number

C

Transaction ID : SB21B.I219

Amount of Each Disbursement this Period

208000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

233000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 12

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

GLCF, INC.

Full Name (Last, First, Middle Initial)

A. HIGHWOOD CAPITAL LLC

Mailing Address P.O. BOX 6127

City
BOZEMANState
MTZip Code
59771Purpose of Disbursement
FINANCE CONSULTING

003

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
07 03 2026

FEC Identification Number

C Transaction ID : SB21B.I224

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MAYBELL GROUP, LLC

Mailing Address PO BOX 461798

City
AURORAState
COZip Code
80046Purpose of Disbursement
FINANCE CONSULTING

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
07 03 2026

FEC Identification Number

C Transaction ID : SB21B.I223

Amount of Each Disbursement this Period

20000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TEMPLAR BAKER GROUPMailing Address 17800 LAUREL PARK DRIVE NORTH
SUITE 200 CCity
LIVONIAState
MIZip Code
48152Purpose of Disbursement
FINANCE CONSULTING

003

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
07 13 2026

FEC Identification Number

C Transaction ID : SB21B.I225

Amount of Each Disbursement this Period

51572.53

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

76572.53

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 12

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

GLCF, INC.

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES

Mailing Address 1776 WILSON BLVD

City
ARLINGTON

State
VA

Zip Code
22209

Purpose of Disbursement

CREDIT CARD FEES

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 06 / 2026

FEC Identification Number

C

Transaction ID : SB21B.I243

Amount of Each Disbursement this Period

3305.79

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES

Mailing Address 1776 WILSON BLVD

City
ARLINGTON

State
VA

Zip Code
22209

Purpose of Disbursement

CREDIT CARD FEES

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 09 / 2026

FEC Identification Number

C

Transaction ID : SB21B.I244

Amount of Each Disbursement this Period

1600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES

Mailing Address 1776 WILSON BLVD

City
ARLINGTON

State
VA

Zip Code
22209

Purpose of Disbursement

CREDIT CARD FEES

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 01 / 2026

FEC Identification Number

C

Transaction ID : SB21B.I246

Amount of Each Disbursement this Period

960.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5865.79

315990.82

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 12 OF 12
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) GLCF, INC.			FEC IDENTIFICATION NUMBER ▼ C C00853861	
Check if ☐ 24-hour report ☐ 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee NUMINAR INC ☐ Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 02 / 2026	
Mailing Address 1201 WILSON BOULEVARD			Amount 176363.64	
City ARLINGTON	State VA	Zip Code 22209-2300	Transaction ID : SE24.216 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 01 / 2026	
Purpose of Expenditure DIGITAL ADVERTISING		Category/ Type 004		
Name of Federal Candidate: ROGERS, MICHAEL, J, , ☒ Support ☐ Oppose			Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 3171647.28			Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶ _____	
Full Name of Payee SMART MEDIA GROUP LLC ☐ Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 07 / 2026	
Mailing Address PO BOX 26067			Amount 1412560.00	
City ALEXANDRIA	State VA	Zip Code 22313	Transaction ID : SE24.217 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 01 / 2026	
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type 004		
Name of Federal Candidate: ROGERS, MICHAEL, J, , ☒ Support ☐ Oppose			Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 3171647.28			Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures			1588923.64	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				
(c) TOTAL Independent Expenditures			1588923.64	
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 <u>REID, KATIE, , ,</u>			Date M M / D D / Y Y Y Y Y Y 07 / 01 / 2026	