

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

NAME OF COMMITTEE (In Full) Hardworking Americans Inc.		FEC IDENTIFICATION NUMBER ▼ C C00828608	
Check if ☐ 24-hour report ☒ 48-hour report		☐ New report	☒ Amends report filed on
		M M / D D / Y Y Y Y Y Y 08 / 14 / 2025	

Full Name of Payee FlexPoint Media		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 13 / 2025	
Mailing Address 6530 W Campus Oval Ste 175		Amount 307430.00	
City New Albany	State OH	Zip Code 43054-7162	Transaction ID : EB4D1B14EBE6B465D9DE
Purpose of Expenditure Media Buy		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2025
Name of Federal Candidate Dooley, Derek, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: GA
Calendar Year-To-Date Per Election for Office Sought		885783.10	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

Full Name of Payee Dmm Media		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 13 / 2025	
Mailing Address 8588 Richmond Hwy Ste 90546		Amount 15000.00	
City Alexandria	State VA	Zip Code 22309	Transaction ID : ECCC4A4E4FA034875807
Purpose of Expenditure Video Production		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 20 / 2025
Name of Federal Candidate Dooley, Derek, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: GA
Calendar Year-To-Date Per Election for Office Sought		885783.10	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	322430.00
(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.

Kilgore, Paul, , ,

Signature

Date

M M / D D / Y Y Y Y Y Y
08 / 20 / 2025

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(Schedule E)PAGE 2 OF 2
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		M M / D D / Y Y Y Y Y Y 08 / 14 / 2025	

Full Name of Payee Apex Strategies		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 13 / 2025	
Mailing Address PO Box 17302		Amount 456008.24	
City Arlington	State VA	Zip Code 22216-7302	Transaction ID : E3C5A84A470E143D4B48 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 13 / 2025
Purpose of Expenditure Media Buy		Category/ Type	
Name of Federal Candidate Dooley, Derek, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: GA
Calendar Year-To-Date Per Election for Office Sought		885783.10	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶ _____

Full Name of Payee		Date of Public Distribution/Dissemination 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
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..... ▶	456008.24
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	778438.24

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.

Kilgore, Paul, , ,
Signature

Date M M / D D / Y Y Y Y Y Y
08 / 20 / 2025