

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

NAME OF COMMITTEE (In Full) SD 2026		FEC IDENTIFICATION NUMBER ▼ C C00935015
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Canal Partners Media		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2026
Mailing Address 900 Circle 75 Pkwy SE Ste 1650		Amount 45375.00
City Atlanta	State GA	Zip Code 30339-3087
Purpose of Expenditure Production and Television Placement (Estimate)	Category/ Type 003	Transaction ID : 500515315 Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2026
Name of Federal Candidate JONES, SHEVRIN, , ,		Office Sought: ☒ House District: 24 ☐ President ☐ Senate State: FL ☐ Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

Full Name of Payee DK Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2026
Mailing Address 824 Varnum St NW Unit 3		Amount 50000.00
City Washington	State DC	Zip Code 20011-7232
Purpose of Expenditure Production and Digital Placement (Estimate)	Category/ Type 004	Transaction ID : 500515313 Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2026
Name of Federal Candidate JONES, SHEVRIN, , ,		Office Sought: ☒ House District: 24 ☐ President ☐ Senate State: FL ☐ Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	95375.00
(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.

Henry, Jim, , ,
Signature

Date MM / DD / YYYY
07 / 09 / 2026

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NAME OF COMMITTEE (In Full) SD 2026		FEC IDENTIFICATION NUMBER ▼ C C00935015
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 Mission Control, Inc.		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 07 / 2026
Mailing Address 624 Hebron Ave		Amount 19138.06
City Glastonbury	State CT	Zip Code 06033-2470
Purpose of Expenditure Production and Direct Mail Placement (Estimate)	Category/ Type 004	Transaction ID : 500515314 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 07 / 2026
Name of Federal Candidate JONES, SHEVRIN, , ,		☒ Support ☐ Oppose Office Sought: ☒ House ☐ Senate District: 24 State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶
384950.46		

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
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Name of Federal Candidate		☐ Support ☐ Oppose Office Sought: ☐ House ☐ Senate District: State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	19138.06
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	114513.06

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.

Henry, Jim, , ,
Signature

Date

M M / D D / Y Y Y Y Y Y

07 / 09 / 2026