

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	

Full Name of Payee Voter Signal		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 03 / 2026	
Mailing Address 82 Lakeside Villas Ste E2		Amount 25000.00	
City Vega Alta	State PR	Zip Code 00692-8724	Transaction ID : EB090D0D4BCF74AFB98E
Purpose of Expenditure Text Messaging-Support Dooley		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 02 / 2026
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		639172.00	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

Full Name of Payee Apex Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 03 / 2026	
Mailing Address PO Box 17302		Amount 100000.00	
City Arlington	State VA	Zip Code 22216-7302	Transaction ID : EB256E4FA7A9B442BAEI
Purpose of Expenditure Digital Advertising		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 02 / 2026
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		639172.00	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	125000.00
(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

MM / DD / YYYY
03 / 05 / 2026

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

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Check if ☐ 24-hour report ☒ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee FlexPoint Media			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 04 / 2026		
Mailing Address 6530 W Campus Oval Ste 175			Amount 99586.00		
City New Albany	State OH	Zip Code 43054-7162	Transaction ID : E7F7A58E47A094692AFC		
Purpose of Expenditure Media Buy		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 03 / 2026		
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		738758.00	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶		

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
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.....▶	99586.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	224586.00

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 MM / DD / YYYY
03 / 05 / 2026