

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

NAME OF COMMITTEE (In Full) SLF PAC			FEC IDENTIFICATION NUMBER ▼ C C00571703		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY		
Full Name of Payee RIVAL STRATEGY GROUP LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2026		
Mailing Address P.O. BOX 92918			Amount 69820.32		
City ALBUQUERQUE		State NM	Zip Code 87199	Transaction ID : SE.1	
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2026		
Name of Federal Candidate PELTOLA, MARY, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: AK		
Calendar Year-To-Date Per Election for Office Sought		3889484.16		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶	
Full Name of Payee FLEXPOINT MEDIA			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2026		
Mailing Address 6530 W CAMPUS OVAL, SUITE 175			Amount 53100.00		
City NEW ALBANY		State OH	Zip Code 43054	Transaction ID : SE.2	
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2026		
Name of Federal Candidate TUREK, JOSHUA, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought		9637017.85		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			122920.32		
(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.					
Signature Crosby, Caleb, , ,			Date MM / DD / YYYY 09 / 13 / 2026		

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Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee ONMESSAGE INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2026
Mailing Address 716 GIDDINGS AVE., #41		Amount 17500.00
City ANNAPOLIS	State MD	Zip Code 21401
Purpose of Expenditure MEDIA PRODUCTION	Category/ Type	Transaction ID : SE.3 Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2026
Name of Federal Candidate EL-SAYED, ABDUL, , ,	☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 13991757.85		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

Full Name of Payee FLEXPOINT MEDIA		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2026
Mailing Address 6530 W CAMPUS OVAL, SUITE 175		Amount 473475.00
City NEW ALBANY	State OH	Zip Code 43054
Purpose of Expenditure MEDIA PLACEMENT	Category/ Type	Transaction ID : SE.4 Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2026
Name of Federal Candidate BROWN, SHERROD, , ,	☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 12630187.28		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	490975.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	613895.32

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.

Crosby, Caleb, , ,

Signature

Date

MM / DD / YYYY
09 / 13 / 2026