

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 10
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CLF			FEC IDENTIFICATION NUMBER ▼ C C00504530		
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 / / 09 / 02 / 2026		
Mailing Address 6530 W CAMPUS OVAL SUITE 175			Amount 160000.00		
City NEW ALBANY	State OH	Zip Code 43054	Transaction ID : SE24.3694 Date of Disbursement or Obligation / / 08 / 31 / 2026		
Purpose of Expenditure DIGITAL PLACEMENT		Category/ Type 004			
Name of Federal Candidate MENDOZA, JOANNA, , ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 06 ☐ President ☐ Senate State: AZ		
Calendar Year-To-Date Per Election for Office Sought		 405795.61	Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶		
Full Name of Payee FLEXPOINT MEDIA			Date of Public Distribution/Dissemination / / 09 / 02 / 2026		
Mailing Address 6530 W CAMPUS OVAL SUITE 175			Amount 235795.61		
City NEW ALBANY	State OH	Zip Code 43054	Transaction ID : SE24.3701 Date of Disbursement or Obligation / / 09 / 01 / 2026		
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type 004			
Name of Federal Candidate MENDOZA, JOANNA, , ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 06 ☐ President ☐ Senate State: AZ		
Calendar Year-To-Date Per Election for Office Sought		 405795.61	Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 395795.61		
(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 / / 09 / 04 / 2026		

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NAME OF COMMITTEE (In Full) CLF		FEC IDENTIFICATION NUMBER ▼ C C00504530
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee RED ELEPHANT STRATEGY		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2026
Mailing Address 25475 MARSH LANDING PKWY		Amount 10000.00
City PONTE VEDRA BEACH	State FL	Zip Code 32082
Purpose of Expenditure MEDIA PRODUCTION	Category/ Type 004	Transaction ID : SE24.3704 Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2026
Name of Federal Candidate MENDOZA, JOANNA, , ,		Office Sought: ☒ House District: 06 ☐ President ☐ Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

Full Name of Payee FLEXPOINT MEDIA		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2026
Mailing Address 6530 W CAMPUS OVAL SUITE 175		Amount 250000.00
City NEW ALBANY	State OH	Zip Code 43054
Purpose of Expenditure DIGITAL PLACEMENT	Category/ Type 004	Transaction ID : SE24.3693 Date of Disbursement or Obligation MM / DD / YYYY 08 / 31 / 2026
Name of Federal Candidate RUTINEL, MANNY, , ,		Office Sought: ☒ House District: 08 ☐ President ☐ Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	260000.00
(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.

Crosby, Caleb, , ,

Signature

Date

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NAME OF COMMITTEE (In Full) CLF		FEC IDENTIFICATION NUMBER ▼ C C00504530	
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 PRIME MEDIA PARTNERS		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 02 / 2026	
Mailing Address 4201 WILSON BLVD #110-126 # 110-126		Amount 13000.00	
City ARLINGTON	State VA	Zip Code 22203	Transaction ID : SE24.3700
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 31 / 2026
Name of Federal Candidate RUTINEL, MANNY, , ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 08 ☐ President ☐ Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶	

Full Name of Payee DEL RAY MEDIA LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 02 / 2026	
Mailing Address PO BOX 1309		Amount 537085.35	
City ALEXANDRIA	State VA	Zip Code 22313	Transaction ID : SE24.3689
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 31 / 2026
Name of Federal Candidate BOHANNAN, CHRISTINA, , ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	550085.35
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Crosby, Caleb, , ,

Signature

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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 DEL RAY MEDIA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2026
Mailing Address PO BOX 1309		Amount 200035.00
City ALEXANDRIA	State VA	Zip Code 22313
Purpose of Expenditure DIGITAL PLACEMENT	Category/ Type 004	Transaction ID : SE24.3692 Date of Disbursement or Obligation MM / DD / YYYY 08 / 31 / 2026
Name of Federal Candidate BOHANNAN, CHRISTINA, , ,		Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

Full Name of Payee RED ELEPHANT STRATEGY		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2026
Mailing Address 25475 MARSH LANDING PKWY		Amount 10000.00
City PONTE VEDRA BEACH	State FL	Zip Code 32082
Purpose of Expenditure MEDIA PRODUCTION	Category/ Type 004	Transaction ID : SE24.3703 Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2026
Name of Federal Candidate BOHANNAN, CHRISTINA, , ,		Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	210035.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Crosby, Caleb, , ,

Signature

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NAME OF COMMITTEE (In Full) CLF		FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY	

Full Name of Payee DEL RAY MEDIA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2026	
Mailing Address PO BOX 1309		Amount 222613.40	
City ALEXANDRIA	State VA	Zip Code 22313	Transaction ID : SE24.3690
Purpose of Expenditure MEDIA PLACEMENT	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 31 / 2026	
Name of Federal Candidate TRONE GARRIOTT, SARAH, , ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 03 ☐ President ☐ Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶	

Full Name of Payee DEL RAY MEDIA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2026	
Mailing Address PO BOX 1309		Amount 175035.00	
City ALEXANDRIA	State VA	Zip Code 22313	Transaction ID : SE24.3691
Purpose of Expenditure DIGITAL PLACEMENT	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 31 / 2026	
Name of Federal Candidate TRONE GARRIOTT, SARAH, , ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 03 ☐ President ☐ Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	397648.40
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Crosby, Caleb, , ,

Signature

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Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee ON MESSAGE INC.		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 02 / 2026	
Mailing Address 716 GIDDINGS AVE. #41		Amount 13000.00	
City ANNAPOLIS	State MD	Zip Code 21401	Transaction ID : SE24.3702
Purpose of Expenditure MEDIA PRODUCTION	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 03 / 2026	
Name of Federal Candidate TRONE GARRIOTT, SARAH, , ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 03 ☐ President ☐ Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶	

Full Name of Payee FLEXPOINT MEDIA		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 02 / 2026	
Mailing Address 6530 W CAMPUS OVAL SUITE 175		Amount 225000.00	
City NEW ALBANY	State OH	Zip Code 43054	Transaction ID : SE24.3695
Purpose of Expenditure DIGITAL PLACEMENT	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 31 / 2026	
Name of Federal Candidate CONLEY, CAIT, , ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 17 ☐ President ☐ Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	238000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Crosby, Caleb, , ,

Signature

Date

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Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee SOMETHING ELSE STRATEGIES		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 02 / 2026	
Mailing Address 212 GOLDEN WILLOW COURT		Amount 13000.00	
City EASLEY	State SC	Zip Code 29642	Transaction ID : SE24.3705
Purpose of Expenditure MEDIA PRODUCTION	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 03 / 2026	
Name of Federal Candidate CONLEY, CAIT, , ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 17 ☐ President ☐ Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶	

Full Name of Payee FLEXPOINT MEDIA		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 02 / 2026	
Mailing Address 6530 W CAMPUS OVAL SUITE 175		Amount 287298.79	
City NEW ALBANY	State OH	Zip Code 43054	Transaction ID : SE24.3686
Purpose of Expenditure MEDIA PLACEMENT	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 31 / 2026	
Name of Federal Candidate KAPTUR, HON. M.C. MARCY, , ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 09 ☐ President ☐ Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	300298.79
(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.

Crosby, Caleb, , ,

Signature

Date

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NAME OF COMMITTEE (In Full) CLF		FEC IDENTIFICATION NUMBER ▼ C C00504530
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee FLEXPOINT MEDIA		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2026
Mailing Address 6530 W CAMPUS OVAL SUITE 175		Amount 175000.00
City NEW ALBANY	State OH	Zip Code 43054
Purpose of Expenditure DIGITAL PLACEMENT	Category/ Type 004	Transaction ID : SE24.3696 Date of Disbursement or Obligation MM / DD / YYYY 08 / 31 / 2026
Name of Federal Candidate KAPTUR, HON. M.C. MARCY, , ,		Office Sought: ☒ House District: 09 ☐ President ☐ Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

Full Name of Payee HONOLD COMMUNICATIONS		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2026
Mailing Address 32 WEST LAKE STREET		Amount 13000.00
City SKANEATELES	State NY	Zip Code 13152
Purpose of Expenditure MEDIA PRODUCTION	Category/ Type 004	Transaction ID : SE24.3697 Date of Disbursement or Obligation MM / DD / YYYY 08 / 31 / 2026
Name of Federal Candidate KAPTUR, HON. M.C. MARCY, , ,		Office Sought: ☒ House District: 09 ☐ President ☐ Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	188000.00
(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.

Crosby, Caleb, , ,

Signature

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NAME OF COMMITTEE (In Full) CLF		FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY	

Full Name of Payee FLEXPOINT MEDIA		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2026	
Mailing Address 6530 W CAMPUS OVAL SUITE 175		Amount 75133.01	
City NEW ALBANY	State OH	Zip Code 43054	Transaction ID : SE24.3688
Purpose of Expenditure MEDIA PLACEMENT	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 31 / 2026	
Name of Federal Candidate CUELLAR, HENRY, R, ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 28 ☐ President ☐ Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶	

Full Name of Payee FLEXPOINT MEDIA		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2026	
Mailing Address 6530 W CAMPUS OVAL SUITE 175		Amount 175000.00	
City NEW ALBANY	State OH	Zip Code 43054	Transaction ID : SE24.3698
Purpose of Expenditure DIGITAL PLACEMENT	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 31 / 2026	
Name of Federal Candidate CUELLAR, HENRY, R, ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 28 ☐ President ☐ Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	250133.01
(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.

Crosby, Caleb, , ,

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NAME OF COMMITTEE (In Full) CLF	FEC IDENTIFICATION NUMBER ▼ C C00504530
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 PRIME MEDIA PARTNERS			Date of Public Distribution/Dissemination 09 / 02 / 2026	
Mailing Address 4201 WILSON BLVD #110-126 # 110-126			Amount 13000.00	
City ARLINGTON	State VA	Zip Code 22203	Transaction ID : SE24.3699	
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type 004	Date of Disbursement or Obligation 08 / 31 / 2026	
Name of Federal Candidate CUELLAR, HENRY, R, ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 28 ☐ President ☐ Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought		263133.01	Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶	

Full Name of Payee			Date of Public Distribution/Dissemination / / 	
Mailing Address			Amount 	
City	State	Zip Code	Date of Disbursement or Obligation / / 	
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..... ▶	13000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	2802996.16

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

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