

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

|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                      |                                                                               |                                                                                                                                                       |  |
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| NAME OF COMMITTEE (In Full)<br><b>Forward Alaska</b>                                                                                                                                                                                                                                                                                                        |  |                                                                                                      | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00957845                             |                                                                                                                                                       |  |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on                                                                                                                                                          |  |                                                                                                      | MM / DD / YYYY                                                                |                                                                                                                                                       |  |
| Full Name of Payee<br>The Mobilization Center LLC                                                                                                                                                                                                                                                                                                           |  |                                                                                                      | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>08 / 27 / 2026 |                                                                                                                                                       |  |
| Mailing Address 3400 Spenard Rd<br>Ste 200                                                                                                                                                                                                                                                                                                                  |  |                                                                                                      | Amount<br>6760.75                                                             |                                                                                                                                                       |  |
| City Anchorage State AK Zip Code 99503-3738                                                                                                                                                                                                                                                                                                                 |  | Transaction ID : 500022851<br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br>08 / 27 / 2026 |                                                                               |                                                                                                                                                       |  |
| Purpose of Expenditure<br>List Acquisition                                                                                                                                                                                                                                                                                                                  |  | Category/Type                                                                                        |                                                                               |                                                                                                                                                       |  |
| Name of Federal Candidate<br>PELTOLA, MARY, , ,                                                                                                                                                                                                                                                                                                             |  | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                       |                                                                               | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |  | 1301312.75                                                                                           |                                                                               | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶     |  |
| Full Name of Payee<br>Wildfire Contact LLC                                                                                                                                                                                                                                                                                                                  |  |                                                                                                      | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>08 / 27 / 2026 |                                                                                                                                                       |  |
| Mailing Address 750 17th St NW<br>Ste 500                                                                                                                                                                                                                                                                                                                   |  |                                                                                                      | Amount<br>19500.00                                                            |                                                                                                                                                       |  |
| City Washington State DC Zip Code 20006-4780                                                                                                                                                                                                                                                                                                                |  | Transaction ID : 500022852<br>Date of Disbursement or Obligation<br>MM / DD / YYYY                   |                                                                               |                                                                                                                                                       |  |
| Purpose of Expenditure<br>Text Messaging - Estimated Cost                                                                                                                                                                                                                                                                                                   |  | Category/Type                                                                                        |                                                                               |                                                                                                                                                       |  |
| Name of Federal Candidate<br>PELTOLA, MARY, , ,                                                                                                                                                                                                                                                                                                             |  | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                       |                                                                               | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |  | 1301312.75                                                                                           |                                                                               | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶     |  |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                    |  |                                                                                                      | 26260.75                                                                      |                                                                                                                                                       |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶                                                                                                                                                                                                                                                                                                 |  |                                                                                                      |                                                                               |                                                                                                                                                       |  |
| (c) TOTAL Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                                   |  |                                                                                                      | 26260.75                                                                      |                                                                                                                                                       |  |
| 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<br><br>Kolash, Karla, , ,                                                                                                                                                                                                                                                                                                                         |  |                                                                                                      | Date<br>MM / DD / YYYY<br>08 / 27 / 2026                                      |                                                                                                                                                       |  |