

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

NAME OF COMMITTEE (In Full) WINNING RIGHT PAC			FEC IDENTIFICATION NUMBER ▼ C C00930495		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y					
Full Name of Payee DIGITAL MARKETING SOLUTIONS GROUP LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 04 / 2026 M M / D D / Y Y Y Y Y Y		
Mailing Address 3301 RICHMOND HWY #1027			Amount 40000.00		
City State Zip Code ALEXANDRIA VA 22305		Transaction ID : SE24.31858 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 05 / 2026 M M / D D / Y Y Y Y Y Y			
Purpose of Expenditure DIGITAL MEDIA PRODUCTION / DIGITAL MEDIA PLACEMENT		Category/Type			
Name of Federal Candidate HAGERTY, BILL, , ,		☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: TN	
Calendar Year-To-Date Per Election for Office Sought		170000.00		Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶ _____	
Full Name of Payee			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y		
Mailing Address			Amount 		
City State Zip Code		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y			
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..... ▶			40000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			40000.00		
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.					
Signature JENKINS, ALLISON, CLAIRE, ,			Date M M / D D / Y Y Y Y Y Y 05 / 06 / 2026 M M / D D / Y Y Y Y Y Y		