

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 3  
FOR SE OF FORM 24/48

|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                |                                                                                                                                                       |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| NAME OF COMMITTEE (In Full)<br><b>SD 2026</b>                                                                                                                                                                                                                                                                                                               |  |                                                                                | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00935015                                                                                                     |  |  |
| 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>Canal Partners Media                                                                                                                                                                                                                                                                                                                  |  |                                                                                | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>07 / 28 / 2026                                                                         |  |  |
| Mailing Address 900 Circle 75 Pkwy SE<br>Ste 1650                                                                                                                                                                                                                                                                                                           |  |                                                                                | Amount<br>15000.00                                                                                                                                    |  |  |
| City Atlanta State GA Zip Code 30339-3087                                                                                                                                                                                                                                                                                                                   |  | Transaction ID : 500521998                                                     |                                                                                                                                                       |  |  |
| Purpose of Expenditure<br>TV Advertising Buy (Estimate)                                                                                                                                                                                                                                                                                                     |  | Category/Type 004                                                              | Date of Disbursement or Obligation<br>MM / DD / YYYY<br>07 / 27 / 2026                                                                                |  |  |
| Name of Federal Candidate<br>JONES, SHEVRIN, ,                                                                                                                                                                                                                                                                                                              |  | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 24<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: FL |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |  | 797816.33                                                                      | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶     |  |  |
| Full Name of Payee<br>Canal Partners Media                                                                                                                                                                                                                                                                                                                  |  |                                                                                | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>07 / 28 / 2026                                                                         |  |  |
| Mailing Address 900 Circle 75 Pkwy SE<br>Ste 1650                                                                                                                                                                                                                                                                                                           |  |                                                                                | Amount<br>15000.00                                                                                                                                    |  |  |
| City Atlanta State GA Zip Code 30339-3087                                                                                                                                                                                                                                                                                                                   |  | Transaction ID : 500521999                                                     |                                                                                                                                                       |  |  |
| Purpose of Expenditure<br>TV Advertising Buy (Estimate)                                                                                                                                                                                                                                                                                                     |  | Category/Type 004                                                              | Date of Disbursement or Obligation<br>MM / DD / YYYY<br>07 / 27 / 2026                                                                                |  |  |
| Name of Federal Candidate<br>GILBERT, OLIVER, III, ,                                                                                                                                                                                                                                                                                                        |  | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 24<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: FL |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |  | 797816.33                                                                      | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶     |  |  |
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶                                                                                                                                                                                                                                                                                                     |  |                                                                                | 30000.00                                                                                                                                              |  |  |
| (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. |  |                                                                                |                                                                                                                                                       |  |  |
| Signature<br><br>Henry, Jim, , ,                                                                                                                                                                                                                                                                                                                            |  |                                                                                | Date<br>MM / DD / YYYY<br>07 / 30 / 2026                                                                                                              |  |  |

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 3  
FOR SE OF FORM 24/48

|                                                                                                                                                                                                    |  |                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>SD 2026</b>                                                                                                                                                      |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00935015 |
| 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>DK Strategies                          |                       | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>07 / 28 / 2026                                                                                                            |
| Mailing Address 824 Varnum St NW<br>Unit 3                   |                       | Amount<br>17500.00                                                                                                                                                                       |
| City<br>Washington                                           | State<br>DC           | Zip Code<br>20011-7232                                                                                                                                                                   |
| Purpose of Expenditure<br>Digital Advertising Buy (Estimate) | Category/<br>Type 004 | Transaction ID : 500522000<br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br>07 / 27 / 2026                                                                                     |
| Name of Federal Candidate<br>JONES, SHEVRIN, , ,             |                       | Office Sought: <input checked="" type="checkbox"/> House District: 24<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: FL<br><input type="checkbox"/> Oppose |
| Calendar Year-To-Date<br>Per Election for Office Sought      |                       | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶                                        |

|                                                              |                       |                                                                                                                                                                                                     |
|--------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br>DK Strategies                          |                       | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>07 / 28 / 2026                                                                                                                       |
| Mailing Address 824 Varnum St NW<br>Unit 3                   |                       | Amount<br>17500.00                                                                                                                                                                                  |
| City<br>Washington                                           | State<br>DC           | Zip Code<br>20011-7232                                                                                                                                                                              |
| Purpose of Expenditure<br>Digital Advertising Buy (Estimate) | Category/<br>Type 004 | Transaction ID : 500522001<br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br>07 / 27 / 2026                                                                                                |
| Name of Federal Candidate<br>GILBERT, OLIVER, III, ,         |                       | Office Sought: <input checked="" type="checkbox"/> House District: 24<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: FL<br><input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date<br>Per Election for Office Sought      |                       | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶                                                   |

|                                                            |          |
|------------------------------------------------------------|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶    | 35000.00 |
| (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.

Henry, Jim, , ,

Signature

Date

MM / DD / YYYY  
07 / 30 / 2026

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 3  
FOR SE OF FORM 24/48

|                                                                                                                                                                                                    |  |                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>SD 2026</b>                                                                                                                                                      |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00935015 |
| 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>Mission Control, Inc.                  |                       | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>07 / 29 / 2026                                                                         |
| Mailing Address 624 Hebron Ave                               |                       | Amount<br>24396.83                                                                                                                                    |
| City<br>Glastonbury                                          | State<br>CT           | Zip Code<br>06033-2470                                                                                                                                |
| Purpose of Expenditure<br>Direct Mail Advertising (Estimate) | Category/<br>Type 004 | Transaction ID : 500521995<br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br>07 / 29 / 2026                                                  |
| Name of Federal Candidate<br>JONES, SHEVRIN, ,               |                       | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                        |
|                                                              |                       | Office Sought: <input checked="" type="checkbox"/> House District: 24<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: FL |
| Calendar Year-To-Date<br>Per Election for Office Sought      |                       | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶     |
|                                                              |                       | 797816.33                                                                                                                                             |

|                                                              |                       |                                                                                                                                                       |
|--------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br>Mission Control, Inc.                  |                       | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>07 / 29 / 2026                                                                         |
| Mailing Address 624 Hebron Ave                               |                       | Amount<br>24396.83                                                                                                                                    |
| City<br>Glastonbury                                          | State<br>CT           | Zip Code<br>06033-2470                                                                                                                                |
| Purpose of Expenditure<br>Direct Mail Advertising (Estimate) | Category/<br>Type 004 | Transaction ID : 500521996<br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br>07 / 29 / 2026                                                  |
| Name of Federal Candidate<br>GILBERT, OLIVER, III, ,         |                       | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose                                                                        |
|                                                              |                       | Office Sought: <input checked="" type="checkbox"/> House District: 24<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: FL |
| Calendar Year-To-Date<br>Per Election for Office Sought      |                       | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶     |
|                                                              |                       | 797816.33                                                                                                                                             |

|                                                            |           |
|------------------------------------------------------------|-----------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶    | 48793.66  |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....▶ |           |
| (c) TOTAL Independent Expenditures.....▶                   | 113793.66 |

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.

Henry, Jim, , ,

Signature

Date

MM / DD / YYYY  
07 / 30 / 2026