

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

NAME OF COMMITTEE (In Full) WEST MICHIGAN FOR COMMON SENSE		FEC IDENTIFICATION NUMBER ▼ C C00943332	
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY	

Full Name of Payee SMASH MOUTH MEDIA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 17 / 2026	
Mailing Address 924 FOREST PARK ROAD		Amount 24476.00	
City MUSKEGON	State MI	Zip Code 49441	Transaction ID : E-117
Purpose of Expenditure BILLBOARDS TO SUPPORT TERI DEBOER		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 17 / 2026
Name of Federal Candidate DEBOER, TERRI, ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 03 ☐ President ☐ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		180127.30	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
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..... ▶	24476.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	24476.00

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.

BRANN, JOHNNY, , , JR.

Signature

Date

MM / DD / YYYY
08 / 17 / 2026