

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

NAME OF COMMITTEE (In Full) Voter Protection Project			FEC IDENTIFICATION NUMBER ▼ C C00692319		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY		
Full Name of Payee Mission Control, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2026		
Mailing Address 624 Hebron Ave Ste 200			Amount 103195.46		
City Glastonbury		State CT	Zip Code 06033-5006	Transaction ID : 500677249	
Purpose of Expenditure Direct Mail Advertising		Category/ Type		Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2026	
Name of Federal Candidate SULLIVAN, MAURA, CORBY, ,		☐ Support ☒ Oppose		Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought		336784.91		Disbursement For: ☒ Primary ☐ General 2026 ☐ 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..... ▶			103195.46		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			103195.46		
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 Henry, Jim, , ,			Date MM / DD / YYYY 09 / 04 / 2026		