

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) SENATE CONSERVATIVES FUND			FEC IDENTIFICATION NUMBER ▼ C C00448696	
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee TMA DIRECT			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 11 / 2026	
Mailing Address 1900 RESTON METRO PLZ STE 600			Amount 200.00	
City RESTON		State VA	Zip Code 20190-5952	
Purpose of Expenditure IE-NORMAN-DIGITAL MARKETING		Category/ Type	Transaction ID : EF6427945393A4EA7BB6 Date of Disbursement or Obligation MM / DD / YYYY 08 / 12 / 2026	
Name of Federal Candidate NORMAN, RALPH, , ,			☒ Support ☐ Oppose Office Sought: ☐ House ☒ Senate District: _____ ☐ President State: SC	
Calendar Year-To-Date Per Election for Office Sought 10176.56			Disbursement For: ☐ Primary ☐ General 2026 ☒ Other (specify) ► SPECIAL PRIMARY	
Full Name of Payee SENATE CONSERVATIVES FUND			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 11 / 2026	
Mailing Address 300 INDEPENDENCE AVE SE			Amount 83.60	
City WASHINGTON		State DC	Zip Code 20003-1021	
Purpose of Expenditure IE- NORMAN - DONATION PROCESSING		Category/ Type	Transaction ID : E2ECEAD20116D4E4085A Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2026	
Name of Federal Candidate NORMAN, RALPH, , ,			☒ Support ☐ Oppose Office Sought: ☐ House ☒ Senate District: _____ ☐ President State: SC	
Calendar Year-To-Date Per Election for Office Sought 10176.56			Disbursement For: ☐ Primary ☐ General 2026 ☒ Other (specify) ► SPECIAL PRIMARY	
(a) SUBTOTAL of Itemized Independent Expenditures..... ►			283.60	
(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 KILGORE, PAUL, , ,			Date MM / DD / YYYY 08 / 20 / 2026	

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) SENATE CONSERVATIVES FUND			FEC IDENTIFICATION NUMBER ▼ C C00448696	
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee SENATE CONSERVATIVES FUND			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 12 / 2026	
Mailing Address 300 INDEPENDENCE AVE SE			Amount 126.05	
City WASHINGTON		State DC	Zip Code 20003-1021	
Purpose of Expenditure IE- NORMAN - DONATION PROCESSING		Category/ Type	Transaction ID : E0D3E9BECF80641218A9 Date of Disbursement or Obligation MM / DD / YYYY 08 / 12 / 2026	
Name of Federal Candidate NORMAN, RALPH, , ,			☒ Support ☐ Oppose Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: SC	
Calendar Year-To-Date Per Election for Office Sought 10302.61			Disbursement For: ☐ Primary ☐ General 2026 ☒ Other (specify) ► SPECIAL PRIMARY	
Full Name of Payee SENATE CONSERVATIVES FUND			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 19 / 2026	
Mailing Address 300 INDEPENDENCE AVE SE			Amount 1199.10	
City WASHINGTON		State DC	Zip Code 20003-1021	
Purpose of Expenditure IE- NORMAN - DONATION PROCESSING		Category/ Type	Transaction ID : E3D2EE1C8C20849EB91E Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2026	
Name of Federal Candidate NORMAN, RALPH, , ,			☒ Support ☐ Oppose Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: SC	
Calendar Year-To-Date Per Election for Office Sought 1199.10			Disbursement For: ☐ Primary ☐ General 2026 ☒ Other (specify) ► SP. PRIMARY RUNOFF	
(a) SUBTOTAL of Itemized Independent Expenditures..... ►			1325.15	
(b) SUBTOTAL of Unitemized Independent Expenditures ►				
(c) TOTAL Independent Expenditures..... ►			1608.75	
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 KILGORE, PAUL, , ,			Date MM / DD / YYYY 08 / 20 / 2026	