

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

NAME OF COMMITTEE (In Full) DEFEND TEXAS FUND			FEC IDENTIFICATION NUMBER ▼ C C00718593		
Check if ☐ 24-hour report ☒ 48-hour report ☐ New report ☒ Amends report filed on MM / DD / YYYY 10 / 11 / 2024					
Full Name of Payee KEEPERS PRESS			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 11 / 2024		
Mailing Address 520 LOMA VISTA			Amount 17942.44		
City HEATH		State TX	Zip Code 75032		Transaction ID : SE24.1095
Purpose of Expenditure PRINTING-YARD SIGNS		Category/ Type		Date of Disbursement or Obligation MM / DD / YYYY 10 / 10 / 2024	
Name of Federal Candidate TRUMP, DONALD, J., ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: US
Calendar Year-To-Date Per Election for Office Sought 67942.44			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
Full Name of Payee KEEPERS PRESS			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 11 / 2024		
Mailing Address 520 LOMA VISTA			Amount 17942.44		
City HEATH		State TX	Zip Code 75032		Transaction ID : SE24.1096
Purpose of Expenditure PRINTING-YARD SIGNS		Category/ Type		Date of Disbursement or Obligation MM / DD / YYYY 10 / 10 / 2024	
Name of Federal Candidate CRUZ, RAFAEL, EDWARD TED, ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 17942.44			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			35884.88		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			35884.88		
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 HOBBS, CABELL, , ,			Date MM / DD / YYYY 10 / 22 / 2024		