

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

NAME OF COMMITTEE (In Full) DMFI PAC			FEC IDENTIFICATION NUMBER ▼ C C00710848	
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Trilogy Interactive LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2026		
Non-Contribution Account		Amount 2000.00		
Mailing Address PO Box 4177		Transaction ID : 500749913		
City Mountain View	State CA	Zip Code 94040-0177	Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2026	
Purpose of Expenditure Digital Production & Advertising (Estimate)		Category/ Type		
Name of Federal Candidate GALINDO, MAUREEN, , ,		☐ Support ☒ Oppose	Office Sought: ☐ President ☐ Senate	☒ House District: 35 State: TX
Calendar Year-To-Date Per Election for Office Sought		132464.58	Disbursement For: ☐ Primary ☐ General ☒ Other (specify) ▶ Run-off Primary	
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: ☐ President ☐ Senate	☐ House District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		2000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶		2000.00		
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.				
Signature Petterson, Jay, , ,		Date MM / DD / YYYY 05 / 21 / 2026		