

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

NAME OF COMMITTEE (In Full) WinSenate		FEC IDENTIFICATION NUMBER ▼ C C00865444	
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY	

Full Name of Payee C Plus K LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2026	
Mailing Address 1640 Rhode Island Ave NW Ste 600			Amount 749383.33	
City Washington	State DC	Zip Code 20036-3229	Transaction ID : 500195412	
Purpose of Expenditure Digital Media Buy - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Whatley, Michael, ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		782663.51	Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶	

Full Name of Payee C Plus K LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2026	
Mailing Address 1640 Rhode Island Ave NW Ste 600			Amount 13590.48	
City Washington	State DC	Zip Code 20036-3229	Transaction ID : 500195413	
Purpose of Expenditure Media Production - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Whatley, Michael, ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		782663.51	Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	762973.81
(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.

Lambe, Rebecca, , ,
Signature

Date MM / DD / YYYY
07 / 26 / 2026

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(Schedule E)PAGE 2 OF 2
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NAME OF COMMITTEE (In Full) WinSenate		FEC IDENTIFICATION NUMBER ▼ C C00865444
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Waterfront Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2026
Mailing Address 3050 K St NW Ste 100		Amount 19689.70
City Washington	State DC	Zip Code 20007-5161
Purpose of Expenditure Media Production - Estimate	Category/ Type	Transaction ID : 500195525 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Whatley, Michael, , , ☐ Support ☒ Oppose		Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: NC
Calendar Year-To-Date Per Election for Office Sought 782663.51		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
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate ☐ Support ☐ Oppose		Office Sought: ☐ House ☐ Senate District: _____ ☐ President State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	19689.70
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	782663.51

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 Lambe, Rebecca, , ,

Date

MM / DD / YYYY
07 / 26 / 2026