

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

|                                                                                                                                                                                                                                                                                                                                                             |             |                                                                                                                                                             |                                                                                                                                                                                     |                                                                                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>Voice of the Electorate (VOTE)</b>                                                                                                                                                                                                                                                                                        |             |                                                                                                                                                             | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00948976</div>                                                  |                                                                                                                                                   |  |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on                                                                                                                                                          |             |                                                                                                                                                             |                                                                                                                                                                                     |                                                                                                                                                   |  |
| Full Name of Payee<br>Nexxen                                                                                                                                                                                                                                                                                                                                |             | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"><div>MM / DD / YYYY<br/>05 / 11 / 2026</div></div> |                                                                                                                                                                                     |                                                                                                                                                   |  |
| Mailing Address 1177 Avenue of the Americas                                                                                                                                                                                                                                                                                                                 |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">34850.00</div>                                                         |                                                                                                                                                                                     |                                                                                                                                                   |  |
| City<br>New York                                                                                                                                                                                                                                                                                                                                            | State<br>NY | Zip Code<br>10036                                                                                                                                           | <b>Transaction ID : E-7</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"><div>MM / DD / YYYY<br/>05 / 11 / 2026</div></div> |                                                                                                                                                   |  |
| Purpose of Expenditure<br>Estimated Advertising - TV                                                                                                                                                                                                                                                                                                        |             | Category/<br>Type 001                                                                                                                                       |                                                                                                                                                                                     |                                                                                                                                                   |  |
| Name of Federal Candidate<br>Cohen, Brad, , ,                                                                                                                                                                                                                                                                                                               |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                              | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President<br>District: 12<br>State: NJ                                                            |                                                                                                                                                   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">41000.00</div>                                                                   |                                                                                                                                                                                     | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶ |  |
| Full Name of Payee<br>Facebook                                                                                                                                                                                                                                                                                                                              |             |                                                                                                                                                             | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"><div>MM / DD / YYYY<br/>05 / 11 / 2026</div></div>                         |                                                                                                                                                   |  |
| Mailing Address 1 Hacker Way                                                                                                                                                                                                                                                                                                                                |             |                                                                                                                                                             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">6150.00</div>                                                                                  |                                                                                                                                                   |  |
| City<br>Menlo Park                                                                                                                                                                                                                                                                                                                                          | State<br>CA | Zip Code<br>94025                                                                                                                                           | <b>Transaction ID : E-9</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"><div>MM / DD / YYYY<br/>05 / 11 / 2026</div></div> |                                                                                                                                                   |  |
| Purpose of Expenditure<br>Estimated Advertising - Digital                                                                                                                                                                                                                                                                                                   |             | Category/<br>Type 001                                                                                                                                       |                                                                                                                                                                                     |                                                                                                                                                   |  |
| Name of Federal Candidate<br>Cohen, Brad, , ,                                                                                                                                                                                                                                                                                                               |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                              | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President<br>District: 12<br>State: NJ                                                            |                                                                                                                                                   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">41000.00</div>                                                                   |                                                                                                                                                                                     | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶ |  |
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                             |             |                                                                                                                                                             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">41000.00</div>                                                                                           |                                                                                                                                                   |  |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶                                                                                                                                                                                                                                                                                          |             |                                                                                                                                                             | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                   |                                                                                                                                                   |  |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                            |             |                                                                                                                                                             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">41000.00</div>                                                                                           |                                                                                                                                                   |  |
| 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<br><br>Gilligan, Tara, , ,                                                                                                                                                                                                                                                                                                                        |             | Date<br><div style="display: flex; justify-content: space-between;"><div>MM / DD / YYYY<br/>05 / 13 / 2026</div></div>                                      |                                                                                                                                                                                     |                                                                                                                                                   |  |