

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

NAME OF COMMITTEE (In Full) MICHIGAN SUNRISE PAC			FEC IDENTIFICATION NUMBER ▼ C C00956961		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY		
Full Name of Payee AMERICA MEDIA PARTNERS			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2026		
Mailing Address 1309 COFFEEN AVE STE 1200			Amount 778667.00		
City SHERIDAN	State WY	Zip Code 82801	Transaction ID : SE.4206		
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2026		
Name of Federal Candidate MAASDAM, MATTHEW, , ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought		1368948.00	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶		
Full Name of Payee AMERICA MEDIA PARTNERS			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2026		
Mailing Address 1309 COFFEEN AVE STE 1200			Amount 137772.00		
City SHERIDAN	State WY	Zip Code 82801	Transaction ID : SE.4207		
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2026		
Name of Federal Candidate LAWRENCE, WILLIAM, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought		1506720.00	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			916439.00		
(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 MCALISTER, ROBERT, W, ,			Date MM / DD / YYYY 07 / 30 / 2026		

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Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee TIMBERLINE POINT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2026
Mailing Address 1621 CENTRAL AVE		Amount 54282.00
City CHEYENNE	State WY	Zip Code 82001
Purpose of Expenditure PRINTING / POSTAGE	Category/ Type	Transaction ID : SE.4208 Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2026
Name of Federal Candidate LAWRENCE, WILLIAM, , ,	☒ Support ☐ Oppose	Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 1697126.00		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 District: _____ ☐ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	54282.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	970721.00

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.

MCALISTER, ROBERT, W, ,

Signature

Date

MM / DD / YYYY
07 / 30 / 2026