

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

NAME OF COMMITTEE (In Full) Make Liberty Win			FEC IDENTIFICATION NUMBER ▼ C C00731133		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Prompt.io Inc.			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 20 / 2026		
Mailing Address 14419 Greenwood Ave N. Suite A-373			Amount 12000.00		
City State Zip Code Seattle WA 98133-6865		Transaction ID : EBF3C9DBB97164EB080C Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 21 / 2026			
Purpose of Expenditure Carey Acct: P2P Texting		Category/ Type			
Name of Federal Candidate Massie, Thomas, , ,			☒ Support ☐ Oppose		Office Sought: ☒ House District: 04 ☐ President ☐ Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 581587.00			Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶		
Full Name of Payee VisibleTrends			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 20 / 2026		
Mailing Address 3139 Republic Blvd N			Amount 12000.00		
City State Zip Code Toledo OH 43615-1507		Transaction ID : EE87A57D0626E4039AE1 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 21 / 2026			
Purpose of Expenditure Carey Acct: Phone Calls		Category/ Type			
Name of Federal Candidate Massie, Thomas, , ,			☒ Support ☐ Oppose		Office Sought: ☒ House District: 04 ☐ President ☐ Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 581587.00			Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			24000.00		
(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 Curtis, Elizabeth, , ,			Date M M M / D D D / Y Y Y Y Y Y 04 / 22 / 2026		

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Make Liberty Win		FEC IDENTIFICATION NUMBER ▼ C C00731133
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee VisibleTrends		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 22 / 2026
Mailing Address 3139 Republic Blvd N		Amount 13000.00
City Toledo	State OH	Zip Code 43615-1507
Purpose of Expenditure Carey Acct: Phone Calls		Category/Type
Name of Federal Candidate Massie, Thomas, ,		☒ Support ☐ Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

Full Name of Payee VisibleTrends		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 24 / 2026
Mailing Address 3139 Republic Blvd N		Amount 11000.00
City Toledo	State OH	Zip Code 43615-1507
Purpose of Expenditure Carey Acct: Phone Calls		Category/Type
Name of Federal Candidate Massie, Thomas, ,		☒ Support ☐ Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	24000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	48000.00

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.

Curtis, Elizabeth, , ,

Signature

Date

MM / DD / YYYY
04 / 22 / 2026