

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)**

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Texas Path To Freedom PAC			FEC IDENTIFICATION NUMBER ▼ C C00921775		
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			<input type="checkbox"/> M M / <input type="checkbox"/> D D / <input type="checkbox"/> Y Y Y Y Y		
Full Name of Payee Victory Enterprises, Inc.			Date of Public Distribution/Dissemination <input type="checkbox"/> M M 02 / <input type="checkbox"/> D D 12 / <input type="checkbox"/> Y Y Y Y Y 2026		
Mailing Address 5200 30th St. SW			Amount <input type="checkbox"/> 2125.17		
City Davenport State IA Zip Code 52802			Transaction ID : SE.4148 Date of Disbursement or Obligation <input type="checkbox"/> M M 02 / <input type="checkbox"/> D D 12 / <input type="checkbox"/> Y Y Y Y Y 2026		
Purpose of Expenditure text message			Category/ Type		
Name of Federal Candidate BINKLEY, RYAN, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Office Sought: <input checked="" type="checkbox"/> House District: 32 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX					
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		
Full Name of Payee			Date of Public Distribution/Dissemination <input type="checkbox"/> M M / <input type="checkbox"/> D D / <input type="checkbox"/> Y Y Y Y Y		
Mailing Address			Amount <input type="checkbox"/> ,		
City			Date of Disbursement or Obligation <input type="checkbox"/> M M / <input type="checkbox"/> D D / <input type="checkbox"/> Y Y Y Y Y		
Purpose of Expenditure			Category/ Type		
Name of Federal Candidate			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures..... ► <input type="checkbox"/> 2125.17					
(b) SUBTOTAL of Unitemized Independent Expenditures ► <input type="checkbox"/>					
(c) TOTAL Independent Expenditures..... ► <input type="checkbox"/> 2125.17					
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 Roth, Mark, E.,			Date <input type="checkbox"/> M M 02 / <input type="checkbox"/> D D 13 / <input type="checkbox"/> Y Y Y Y Y 2026		