

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

NAME OF COMMITTEE (In Full) DEFEND AMERICAN JOBS		FEC IDENTIFICATION NUMBER ▼ C C00836221	
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY	

Full Name of Payee Dockside Strategies LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2026	
Mailing Address 8 The Green Ste. 14712		Amount 9660.00	
City Dover	State DE	Zip Code 19901	Transaction ID : SE.4966
Purpose of Expenditure IE-Carl, Jerry-Media Production		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2026
Name of Federal Candidate CARL, JERRY LEE, JR, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: AL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	

Full Name of Payee Main Street Media Group		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2026	
Mailing Address PO Box 25093		Amount 502282.08	
City Alexandria	State VA	Zip Code 22313	Transaction ID : SE.4967
Purpose of Expenditure IE-Carl, Jerry-Media Buy		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 27 / 2026
Name of Federal Candidate CARL, JERRY LEE, JR, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: AL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	511942.08
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	511942.08

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.

Lisker, Lisa, , ,
Signature

Date MM / DD / YYYY
07 / 29 / 2026