

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

NAME OF COMMITTEE (In Full) AMERICAN LEADERSHIP ACTION FUND			FEC IDENTIFICATION NUMBER ▼ C C00933168		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY		
Full Name of Payee Starboard Communications Agency			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2026		
Mailing Address PO Box 129			Amount 274234.40		
City Lexington		State SC	Zip Code 29071	Transaction ID : WFT20266301946-1	
Purpose of Expenditure Direct Mail and Postage		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2026		
Name of Federal Candidate Sanford, Mark, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: SC		
Calendar Year-To-Date Per Election for Office Sought		901609.40		Disbursement For: ☐ Primary ☐ General 2026 ☒ Other (specify) ▶ Primary-Special	
Full Name of Payee Starboard Communications Agency			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2026		
Mailing Address PO Box 129			Amount 274234.40		
City Lexington		State SC	Zip Code 29071	Transaction ID : WFT20266301954-1	
Purpose of Expenditure Direct Mail and Postage		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2026		
Name of Federal Candidate Sanford, Mark, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: SC		
Calendar Year-To-Date Per Election for Office Sought		1175843.80		Disbursement For: ☐ Primary ☐ General 2026 ☒ Other (specify) ▶ Primary-Special	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			548468.80		
(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 Wenetta, Katie, , ,			Date MM / DD / YYYY 07 / 30 / 2026		

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) AMERICAN LEADERSHIP ACTION FUND		FEC IDENTIFICATION NUMBER ▼ C C00933168
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee First National Services		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2026
Mailing Address 30 N Gould St Ste R		Amount 2500.00
City Sheridan	State WY	Zip Code 82801
Purpose of Expenditure Digital Media Placement	Category/ Type	Transaction ID : WFT20266301957-1 Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2026
Name of Federal Candidate Sanford, Mark, , ,		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General 2026 ☒ Other (specify) ▶ Primary-Special

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		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..... ▶	2500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	550968.80

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.

Wenetta, Katie, , ,

Signature

Date

MM / DD / YYYY
07 / 30 / 2026