

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
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 / 21 / 2026		
Mailing Address 8 The Green Ste. 14712			Amount 10300.00		
City Dover	State DE	Zip Code 19901	Transaction ID : SE.4950		
Purpose of Expenditure IE-McKinney, Amanda-Media Production		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate MCKINNEY, AMANDA, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 04 ☐ President ☐ Senate State: WA		
Calendar Year-To-Date Per Election for Office Sought		441577.24	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶		

Full Name of Payee Main Street Media Group			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2026		
Mailing Address PO Box 25093			Amount 300597.24		
City Alexandria	State VA	Zip Code 22313	Transaction ID : SE.4951		
Purpose of Expenditure IE-McKinney, Amanda-Media Buy		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 20 / 2026		
Name of Federal Candidate MCKINNEY, AMANDA, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 04 ☐ President ☐ Senate State: WA		
Calendar Year-To-Date Per Election for Office Sought		431277.24	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	310897.24
(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.

Lisker, Lisa, , ,

Signature

Date

MM / DD / YYYY
07 / 22 / 2026

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(Schedule E)PAGE 2 OF 2
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Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on	

Full Name of Payee RBC Media LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2026	
Mailing Address 225 Court St			Amount 65340.00	
City Cincinnati	State OH	Zip Code 45202	Transaction ID : SE.4952	
Purpose of Expenditure IE-McKinney, Amanda-Direct Mail		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2026	
Name of Federal Candidate MCKINNEY, AMANDA, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 04 ☐ President ☐ Senate State: WA	
Calendar Year-To-Date Per Election for Office Sought		130680.00	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	Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure		Category/ Type		
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..... ▶	65340.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	376237.24

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 07 / 22 / 2026