

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Americans for Prosperity Action, Inc. (AFP Action) DBA CVA Action and DBA LIBRE Action		FEC IDENTIFICATION NUMBER ▼ C C00687103
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee PEOPLE WHO THINK		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2026
Mailing Address 4522 LA-22 STE. 7		Amount 7747.54
City MANDEVILLE	State LA	Zip Code 70471
Purpose of Expenditure MAILER PRODUCTION	Category/ Type 004	Transaction ID : SE24.38870 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate SUNUNU, JOHN, E, ,		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

Full Name of Payee PEOPLE WHO THINK		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2026
Mailing Address 4522 LA-22 STE. 7		Amount 7747.54
City MANDEVILLE	State LA	Zip Code 70471
Purpose of Expenditure MAILER PRODUCTION	Category/ Type 004	Transaction ID : SE24.38871 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate PAPPAS, CHRIS, , ,		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	15495.08
(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.

Clancy, Margee, , , Treasurer

Signature

Date

MM / DD / YYYY
09 / 16 / 2026

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Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee TED PRILL DBA KAP PRINT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2026
Mailing Address 220 QUINN DR.		Amount 21800.19
City DRIPPING SPRINGS	State TX	Zip Code 78620
Purpose of Expenditure MAILER PRODUCTION	Category/Type 004	Transaction ID : SE24.38866 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate ARENHOLZ, ASHLEY, HINSON, ,		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

Full Name of Payee TED PRILL DBA KAP PRINT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2026
Mailing Address 220 QUINN DR.		Amount 21800.19
City DRIPPING SPRINGS	State TX	Zip Code 78620
Purpose of Expenditure MAILER PRODUCTION	Category/Type 004	Transaction ID : SE24.38867 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate TUREK, JOSHUA, ,		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	43600.38
(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.

Clancy, Margee, , , Treasurer

Signature

Date

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Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee UNITED STATES POSTAL SERVICE		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2026
Mailing Address 470 L'ENFANT PLAZA SW STE 604		Amount 44564.03
City WASHINGTON	State DC	Zip Code 20024
Purpose of Expenditure MAILER POSTAGE	Category/ Type 004	Transaction ID : SE24.38868 Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2026
Name of Federal Candidate ARENHOLZ, ASHLEY, HINSON, , ☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 4422230.24		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶ _____

Full Name of Payee UNITED STATES POSTAL SERVICE		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2026
Mailing Address 470 L'ENFANT PLAZA SW STE 604		Amount 44564.03
City WASHINGTON	State DC	Zip Code 20024
Purpose of Expenditure MAILER POSTAGE	Category/ Type 004	Transaction ID : SE24.38869 Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2026
Name of Federal Candidate TUREK, JOSHUA, , ☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 4422230.24		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	89128.06
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Clancy, Margee, , , Treasurer

Signature

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Full Name of Payee UNITED STATES POSTAL SERVICE		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2026
Mailing Address 470 L'ENFANT PLAZA SW STE 604		Amount 16931.20
City WASHINGTON	State DC	Zip Code 20024
Purpose of Expenditure MAILER POSTAGE	Category/ Type 004	Transaction ID : SE24.38872 Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2026
Name of Federal Candidate SUNUNU, JOHN, E, , ☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 948390.48		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶ _____

Full Name of Payee UNITED STATES POSTAL SERVICE		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2026
Mailing Address 470 L'ENFANT PLAZA SW STE 604		Amount 16931.20
City WASHINGTON	State DC	Zip Code 20024
Purpose of Expenditure MAILER POSTAGE	Category/ Type 004	Transaction ID : SE24.38873 Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2026
Name of Federal Candidate PAPPAS, CHRIS, , , ☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 948390.48		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	33862.40
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	182085.92

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.

Clancy, Margee, , , Treasurer

Signature

Date

MM / DD / YYYY
09 / 16 / 2026