

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

|                                                                                                                                                                                                                                                                                                                                                             |             |                                                                                |                                                                                                                                                      |                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>Defending Americas Future</b>                                                                                                                                                                                                                                                                                             |             |                                                                                | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00829432                                                                                                    |                                                                        |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on                                                                                                                                                          |             |                                                                                | MM / DD / YYYY                                                                                                                                       |                                                                        |
| Full Name of Payee<br>Lamar Companies                                                                                                                                                                                                                                                                                                                       |             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>05 / 05 / 2026  |                                                                                                                                                      |                                                                        |
| Mailing Address PO Box 746966                                                                                                                                                                                                                                                                                                                               |             | Amount<br>16574.00                                                             |                                                                                                                                                      |                                                                        |
| City<br>Atlanta                                                                                                                                                                                                                                                                                                                                             | State<br>GA | Zip Code<br>30374-6966                                                         | Transaction ID : E86E3FF7CC1914668BBA<br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br>05 / 05 / 2026                                      |                                                                        |
| Purpose of Expenditure<br>Advertising                                                                                                                                                                                                                                                                                                                       |             | Category/<br>Type                                                              |                                                                                                                                                      |                                                                        |
| Name of Federal Candidate<br>Marques, Rhett, ,                                                                                                                                                                                                                                                                                                              |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought:<br><input type="checkbox"/> President <input type="checkbox"/> Senate                                                                 | <input checked="" type="checkbox"/> House    District: 01<br>State: AL |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |             | 161496.20                                                                      | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2026<br><input type="checkbox"/> Other (specify) ▶ |                                                                        |
| Full Name of Payee                                                                                                                                                                                                                                                                                                                                          |             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY                    |                                                                                                                                                      |                                                                        |
| Mailing Address                                                                                                                                                                                                                                                                                                                                             |             | Amount                                                                         |                                                                                                                                                      |                                                                        |
| City                                                                                                                                                                                                                                                                                                                                                        | State       | Zip Code                                                                       | Date of Disbursement or Obligation<br>MM / DD / YYYY                                                                                                 |                                                                        |
| Purpose of Expenditure                                                                                                                                                                                                                                                                                                                                      |             | Category/<br>Type                                                              |                                                                                                                                                      |                                                                        |
| Name of Federal Candidate                                                                                                                                                                                                                                                                                                                                   |             | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose            | Office Sought:<br><input type="checkbox"/> President <input type="checkbox"/> Senate                                                                 | <input type="checkbox"/> House    District: _____<br>State: _____      |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |             |                                                                                | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                    |                                                                        |
| (a) SUBTOTAL of Itemized Independent Expenditures.....                                                                                                                                                                                                                                                                                                      |             | 16574.00                                                                       |                                                                                                                                                      |                                                                        |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                   |             |                                                                                |                                                                                                                                                      |                                                                        |
| (c) TOTAL Independent Expenditures.....                                                                                                                                                                                                                                                                                                                     |             | 16574.00                                                                       |                                                                                                                                                      |                                                                        |
| 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<br><br>Williams, Lauren, , ,                                                                                                                                                                                                                                                                                                                      |             | Date<br>MM / DD / YYYY<br>05 / 05 / 2026                                       |                                                                                                                                                      |                                                                        |