

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

NAME OF COMMITTEE (In Full) Strong PAC		FEC IDENTIFICATION NUMBER ▼ C C00937094	
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY	

Full Name of Payee BALLAST LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2026	
Mailing Address 8 THE DOVER GREEN SUITE A		Amount 100000.00	
City DOVER	State DE	Zip Code 19901	Transaction ID : SE.4228
Purpose of Expenditure DIGITAL AD PLACEMENT		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 27 / 2026
Name of Federal Candidate MCCOWN, SAM, , Dr.,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	

Full Name of Payee GRP BUYING LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2026	
Mailing Address 3136 KINGSDALE CENTER #136		Amount 15000.00	
City UPPER ARLINGTON	State OH	Zip Code 43221	Transaction ID : SE.4229
Purpose of Expenditure AD PRODUCTION		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 27 / 2026
Name of Federal Candidate MCCOWN, SAM, , Dr.,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	115000.00
(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.

Ruhland, Lane, , ,

Signature

Date

MM / DD / YYYY
05 / 28 / 2026

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Strong PAC		FEC IDENTIFICATION NUMBER ▼ C C00937094	
Check if ☒ 24-hour report ☐ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee GRP BUYING LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2026	
Mailing Address 3136 KINGS DALE CENTER #136		Amount 405205.19	
City UPPER ARLINGTON	State OH	Zip Code 43221	Transaction ID : SE.4230
Purpose of Expenditure TV AD PLACEMENT	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 27 / 2026	
Name of Federal Candidate MCCOWN, SAM, , Dr.,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		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..... ▶	405205.19
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	520205.19

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.

Ruhland, Lane, , ,

Signature

Date

MM / DD / YYYY
05 / 28 / 2026