

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

NAME OF COMMITTEE (In Full) TFM		FEC IDENTIFICATION NUMBER ▼ C C00960138	
Check if ☐ 24-hour report ☒ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee EMG Media Group, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 09 / 2026	
Mailing Address 11-11 44th Dr. 2nd Floor		Amount 2586520.00	
City Long Island City	State NY	Zip Code 11101	Transaction ID : SE.4187
Purpose of Expenditure Media Placement		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 09 / 2026
Name of Federal Candidate EL-SAYED, ABDUL, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		2661520.00	Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

Full Name of Payee EMG Media Group, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 09 / 2026	
Mailing Address 11-11 44th Dr. 2nd Floor		Amount 646630.00	
City Long Island City	State NY	Zip Code 11101	Transaction ID : SE.4188
Purpose of Expenditure Media Placement		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 09 / 2026
Name of Federal Candidate ROGERS, MICHAEL J, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		3308150.00	Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3233150.00
(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.

Whitsett, Karen, , ,

[Electronically Filed]

Signature

Date

MM / DD / YYYY
10 / 11 / 2026

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NAME OF COMMITTEE (In Full) TFM		FEC IDENTIFICATION NUMBER ▼ C C00960138
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on MM / DD / YYYY		

Full Name of Payee Genesis Advertising LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 09 / 2026	
Mailing Address 2004 Calvert St		Amount 16000.00	
City Detroit	State MI	Zip Code 48206	Transaction ID : SE.4191
Purpose of Expenditure Digital Advertising	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 09 / 2026	
Name of Federal Candidate EL-SAYED, ABDUL, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 4324150.00		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶	

Full Name of Payee Genesis Advertising LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 09 / 2026	
Mailing Address 2004 Calvert St		Amount 4000.00	
City Detroit	State MI	Zip Code 48206	Transaction ID : SE.4192
Purpose of Expenditure Digital Advertising	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 09 / 2026	
Name of Federal Candidate ROGERS, MICHAEL J, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 4328150.00		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	20000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Whitsett, Karen, , ,

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Date

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Signature

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Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		M M / D D / Y Y Y Y Y Y

Full Name of Payee JLB Strategies LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 09 / 2026	
Mailing Address 30 N Gould St Suite R		Amount 8400.00	
City Sheridan	State WY	Zip Code 82801	Transaction ID : SE.4193
Purpose of Expenditure Door Hangers	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 13 / 2026	
Name of Federal Candidate ROGERS, MICHAEL J, ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶	
		4376550.00	

Full Name of Payee River Road Digital LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 09 / 2026	
Mailing Address 1765 Greensboro Station Place Tower 1, Suite 900		Amount 600000.00	
City McLean	State VA	Zip Code 22102	Transaction ID : SE.4189
Purpose of Expenditure Digital Media Placement/Text Messages	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 09 / 2026	
Name of Federal Candidate EL-SAYED, ABDUL, ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶	
		3908150.00	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	648400.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Whitsett, Karen, , ,

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Full Name of Payee River Road Digital LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 09 / 2026
Mailing Address 1765 Greensboro Station Place Tower 1, Suite 900		Amount 400000.00
City McLean	State VA	Zip Code 22102
Purpose of Expenditure Digital Media Placement/Text Messages	Category/ Type 004	Transaction ID : SE.4190 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 09 / 2026
Name of Federal Candidate ROGERS, MICHAEL J, ,		☒ Support ☐ Oppose
		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶
4308150.00		

Full Name of Payee		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
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.....▶	400000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	4301550.00

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Whitsett, Karen, , ,

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