24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Retired Americans PAC	C C00483883
	O mana
Check if 24-hour report 48-hour report New report Amends report	filed on M M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
The New Media Firm, Inc	10 19 2022
Mailing Address 1730 Rhode Island Ave., NW Suite 2	Amount
City State Zip Code	100000.00
Washington DC 20036	Transaction ID: 24-17-00358-00708 Date of Disbursement or Obligation
Purpose of Expenditure Advertising Category/ Type	10 18 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support C	Office Sought: House District:
Masters, Blake, , ,	President Senate State: AZ
Odichadi Icar lo Dalc	Disbursement For: Primary General O22 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M M / D D / Y Y Y Y Y
Name of Federal Candidate Support C	Office Sought: House District:
Oppose	President Senate State:
Galeriaar Tear Te Bate	Disbursement For: Primary General
Per Election for Office Sought	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	100000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	100000.00
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.	
Fiesta, Richard, J., , [Electronically Filed] Date Signature	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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