

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

NAME OF COMMITTEE (In Full) SENATE CONSERVATIVES ACTION		FEC IDENTIFICATION NUMBER ▼ C C00524181
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee TMA DIRECT INC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2024
Mailing Address 2311 WILSON BLVD STE 600		Amount 7500.00
City ARLINGTON	State VA	Zip Code 22201-5437
Purpose of Expenditure IE-BROWN-DIGITAL ADVERTISING	Category/ Type	Transaction ID : E1DB1426756644673BC3 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2024
Name of Federal Candidate BROWN, SAM, , ,		☒ Support ☐ Oppose Office Sought: ☐ House ☒ Senate District: _____ ☐ President State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee TMA DIRECT INC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2024
Mailing Address 2311 WILSON BLVD STE 600		Amount 7500.00
City ARLINGTON	State VA	Zip Code 22201-5437
Purpose of Expenditure IE-CRUZ-DIGITAL ADVERTISING	Category/ Type	Transaction ID : EEA58B58D2B014C9ABA Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2024
Name of Federal Candidate CRUZ, RAFAEL, EDWARD, ,		☒ Support ☐ Oppose Office Sought: ☐ House ☒ Senate District: _____ ☐ President State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	15000.00
(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.

KILGORE, PAUL, , ,

Signature

Date

MM / DD / YYYY
10 / 30 / 2024

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NAME OF COMMITTEE (In Full) SENATE CONSERVATIVES ACTION			FEC IDENTIFICATION NUMBER ▼ C C00524181		
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 TMA DIRECT INC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 30 / 2024		
Mailing Address 2311 WILSON BLVD STE 600			Amount 7500.00		
City ARLINGTON		State VA	Zip Code 22201-5437		Transaction ID : EA8A7A6D9F32C4DA8BE2
Purpose of Expenditure IE-HAWLEY-DIGITAL ADVERTISING		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2024	
Name of Federal Candidate HAWLEY, JOSHUA, DAVID, ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MO
Calendar Year-To-Date Per Election for Office Sought 104004.97			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ► _____		
Full Name of Payee TMA DIRECT INC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 30 / 2024		
Mailing Address 2311 WILSON BLVD STE 600			Amount 7500.00		
City ARLINGTON		State VA	Zip Code 22201-5437		Transaction ID : E92A4F078BC124829A27
Purpose of Expenditure IE-HOVDE-DIGITAL ADVERTISING		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2024	
Name of Federal Candidate HOVDE, ERIC, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 97522.39			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ► _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ►			15000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ►					
(c) TOTAL Independent Expenditures..... ►					
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Signature KILGORE, PAUL, , ,			Date M M / D D / Y Y Y Y Y Y 10 / 30 / 2024		

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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 TMA DIRECT INC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 30 / 2024		
Mailing Address 2311 WILSON BLVD STE 600			Amount 7500.00		
City ARLINGTON		State VA	Zip Code 22201-5437		Transaction ID : E41D476A705634487B5E
Purpose of Expenditure IE-LAKE-DIGITAL ADVERTISING		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2024	
Name of Federal Candidate LAKE, KARI, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought 104004.96			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee TMA DIRECT INC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 30 / 2024		
Mailing Address 2311 WILSON BLVD STE 600			Amount 7500.00		
City ARLINGTON		State VA	Zip Code 22201-5437		Transaction ID : E01635A3609D54A47A6A
Purpose of Expenditure IE-MORENO-DIGITAL ADVERTISING		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2024	
Name of Federal Candidate MORENO, BERNIE, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought 119646.54			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			15000.00		
(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.					
Signature KILGORE, PAUL, , ,			Date M M / D D / Y Y Y Y Y Y 10 / 30 / 2024		

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Full Name of Payee TMA DIRECT INC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 30 / 2024		
Mailing Address 2311 WILSON BLVD STE 600			Amount 7500.00		
City ARLINGTON		State VA	Zip Code 22201-5437		Transaction ID : E7ABAB097E9E448948C0
Purpose of Expenditure IE-SCOTT-DIGITAL ADVERTISING		Category/Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2024	
Name of Federal Candidate SCOTT, RICK, SEN, ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 78772.40			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee TMA DIRECT INC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 30 / 2024		
Mailing Address 2311 WILSON BLVD STE 600			Amount 7500.00		
City ARLINGTON		State VA	Zip Code 22201-5437		Transaction ID : E18D7FBCA16E5433694C
Purpose of Expenditure IE-SHEEHY-DIGITAL ADVERTISING		Category/Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2024	
Name of Federal Candidate SHEEHY, TIM, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MT
Calendar Year-To-Date Per Election for Office Sought 111813.41			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			15000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			60000.00		
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 KILGORE, PAUL, , ,			Date M M / D D / Y Y Y Y Y Y 10 / 30 / 2024		