

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

NAME OF COMMITTEE (In Full) Duty First Nevada PAC			FEC IDENTIFICATION NUMBER ▼ C C00847236		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y					
Full Name of Payee Pathfinder Strategic LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 04 / 2024 M M / D D / Y Y Y Y Y Y		
Mailing Address 1 Belvedere Place			Amount 62336.41		
City Mill Valley		State CA	Zip Code 94941		Transaction ID : E-106
Purpose of Expenditure Direct Mail		Category/ Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 06 / 2024 M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Brown, Sam, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NV
Calendar Year-To-Date Per Election for Office Sought			1222872.73		Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y		
Mailing Address			Amount 		
City		State	Zip Code		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y
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..... ▶ 62336.41 (b) SUBTOTAL of Unitemized Independent Expenditures ▶ (c) TOTAL Independent Expenditures..... ▶ 62336.41					
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 Mccauley, Mike, , , Date M M / D D / Y Y Y Y Y Y 05 / 06 / 2024 M M / D D / Y Y Y Y Y Y					