

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

NAME OF COMMITTEE (In Full) Fairshake			FEC IDENTIFICATION NUMBER ▼ C C00835959		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name of Payee Main Street Media Group			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 27 / 2024		
Mailing Address PO Box 25093			Amount 750234.10		
City Alexandria		State VA	Zip Code 22313		Transaction ID : V3EC24620922AE2A7A14
Purpose of Expenditure IE-Steil-Media Buy		Category/ Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 09 / 2024	
Name of Federal Candidate Steil, Bryan, G., Rep.,			☒ Support ☐ Oppose		Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: WI
Calendar Year-To-Date Per Election for Office Sought			764206.10 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
Full Name of Payee Dockside Strategies			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 27 / 2024		
Mailing Address 8 The Green Ste 14712			Amount 13972.00		
City Dover		State DE	Zip Code 19901		Transaction ID : VA73631ED461203B5D09
Purpose of Expenditure IE-Steil-Media Production		Category/ Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 28 / 2024	
Name of Federal Candidate Steil, Bryan, G., Rep.,			☒ Support ☐ Oppose		Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: WI
Calendar Year-To-Date Per Election for Office Sought			764206.10 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			764206.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			764206.10		
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 Philipczyk, Brandon, , ,			Date M M M / D D D / Y Y Y Y Y Y Y Y 10 / 28 / 2024		