

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

|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                |                                                                                                                                                                |                                                                                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>INDIANA REPUBLICAN STATE COMMITTEE, INC.</b>                                                                                                                                                                                                                                                                              |  |                                                                                | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00006486                                                                                                              |                                                                                                                                                   |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on                                                                                                                                                          |  |                                                                                | MM / DD / YYYY                                                                                                                                                 |                                                                                                                                                   |  |
| Full Name of Payee<br>Midwest Communications Group, LLC                                                                                                                                                                                                                                                                                                     |  |                                                                                | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>10 / 25 / 2024                                                                                  |                                                                                                                                                   |  |
| Mailing Address PO Box 441                                                                                                                                                                                                                                                                                                                                  |  |                                                                                | Amount<br>27138.84                                                                                                                                             |                                                                                                                                                   |  |
| City<br>Franklin                                                                                                                                                                                                                                                                                                                                            |  | State<br>IN                                                                    | Zip Code<br>46131                                                                                                                                              | Transaction ID : SE.65908                                                                                                                         |  |
| Purpose of Expenditure<br>GOTV Mail & Postage                                                                                                                                                                                                                                                                                                               |  | Category/<br>Type                                                              | Date of Disbursement or Obligation<br>MM / DD / YYYY<br>10 / 24 / 2024                                                                                         |                                                                                                                                                   |  |
| Name of Federal Candidate<br>TRUMP, DONALD J., , ,                                                                                                                                                                                                                                                                                                          |  | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: IN |                                                                                                                                                   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |  | 70401.24                                                                       |                                                                                                                                                                | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ |  |
| Full Name of Payee                                                                                                                                                                                                                                                                                                                                          |  |                                                                                | Date of Public Distribution/Dissemination<br>MM / DD / YYYY                                                                                                    |                                                                                                                                                   |  |
| Mailing Address                                                                                                                                                                                                                                                                                                                                             |  |                                                                                | Amount                                                                                                                                                         |                                                                                                                                                   |  |
| City                                                                                                                                                                                                                                                                                                                                                        |  | State                                                                          | Zip Code                                                                                                                                                       | Date of Disbursement or Obligation<br>MM / DD / YYYY                                                                                              |  |
| Purpose of Expenditure                                                                                                                                                                                                                                                                                                                                      |  | Category/<br>Type                                                              |                                                                                                                                                                |                                                                                                                                                   |  |
| Name of Federal Candidate                                                                                                                                                                                                                                                                                                                                   |  | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose            | Office Sought: <input type="checkbox"/> House    District: _____<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____         |                                                                                                                                                   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |  |                                                                                |                                                                                                                                                                | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                 |  |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                    |  |                                                                                | 27138.84                                                                                                                                                       |                                                                                                                                                   |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶                                                                                                                                                                                                                                                                                                 |  |                                                                                |                                                                                                                                                                |                                                                                                                                                   |  |
| (c) TOTAL Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                                   |  |                                                                                | 27138.84                                                                                                                                                       |                                                                                                                                                   |  |
| 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<br><br>Williams, Charles, L., Mr.,                                                                                                                                                                                                                                                                                                                |  |                                                                                | Date<br>MM / DD / YYYY<br>10 / 26 / 2024                                                                                                                       |                                                                                                                                                   |  |