

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 10
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) America PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00879510</div>		
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 <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div>					
Full Name of Payee BLITZ CANVASSING LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 11 / 04 / 2024		
Mailing Address 10065 E HARVARD AVE STE 400			Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">40000.00</div>		
City State Zip Code DENVER CO 80231		Transaction ID : SE24.1183 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 11 / 04 / 2024			
Purpose of Expenditure CANVASSING/FIELD OPERATIONS		Category/ Type <div style="border-bottom: 1px solid black; width: 60px;"></div>			
Name of Federal Candidate TRUMP, DONALD, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <div style="border-bottom: 1px solid black; width: 150px; text-align: right;">152717198.38</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ► _____		
Full Name of Payee BLITZ CANVASSING LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 11 / 04 / 2024		
Mailing Address 10065 E HARVARD AVE STE 400			Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">40000.00</div>		
City State Zip Code DENVER CO 80231		Transaction ID : SE24.1184 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 11 / 04 / 2024			
Purpose of Expenditure CANVASSING/FIELD OPERATIONS		Category/ Type <div style="border-bottom: 1px solid black; width: 60px;"></div>			
Name of Federal Candidate HARRIS, KAMALA, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <div style="border-bottom: 1px solid black; width: 150px; text-align: right;">152717198.38</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ► _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ►			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">80000.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ►			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>		
(c) TOTAL Independent Expenditures..... ►			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>		
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 YOUNG, CHRIS, , ,			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 11 / 04 / 2024		

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NAME OF COMMITTEE (In Full) America PAC		FEC IDENTIFICATION NUMBER ▼ C C00879510	
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	

Full Name of Payee CONNECTION STRATEGY LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2024	
Mailing Address PO BOX 161		Amount 150137.49	
City HUDSON	State WI	Zip Code 54016	Transaction ID : SE24.1172
Purpose of Expenditure MESSAGE PHONE CALLS		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2024
Name of Federal Candidate TRUMP, DONALD, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee CONNECTION STRATEGY LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2024	
Mailing Address PO BOX 161		Amount 330880.51	
City HUDSON	State WI	Zip Code 54016	Transaction ID : SE24.1173
Purpose of Expenditure MESSAGE PHONE CALLS		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2024
Name of Federal Candidate TRUMP, DONALD, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	481018.00
(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.

YOUNG, CHRIS, , ,

Signature

Date

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11 / 04 / 2024

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NAME OF COMMITTEE (In Full) America PAC		FEC IDENTIFICATION NUMBER ▼ C C00879510
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 CONNECTION STRATEGY LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2024
Mailing Address PO BOX 161		Amount 170291.76
City HUDSON	State WI	Zip Code 54016
Purpose of Expenditure MESSAGE PHONE CALLS	Category/ Type	Transaction ID : SE24.1174 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2024
Name of Federal Candidate TRUMP, DONALD, , ,		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee CONNECTION STRATEGY LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2024
Mailing Address PO BOX 161		Amount 201003.98
City HUDSON	State WI	Zip Code 54016
Purpose of Expenditure MESSAGE PHONE CALLS	Category/ Type	Transaction ID : SE24.1175 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2024
Name of Federal Candidate TRUMP, DONALD, , ,		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	371295.74
(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.

YOUNG, CHRIS, , ,

Signature

Date

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NAME OF COMMITTEE (In Full) America PAC		FEC IDENTIFICATION NUMBER ▼ C C00879510
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 CONNECTION STRATEGY LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2024
Mailing Address PO BOX 161		Amount 84678.94
City HUDSON	State WI	Zip Code 54016
Purpose of Expenditure MESSAGE PHONE CALLS	Category/ Type	Transaction ID : SE24.1178 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2024
Name of Federal Candidate TRUMP, DONALD, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee CONNECTION STRATEGY LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2024
Mailing Address PO BOX 161		Amount 132283.14
City HUDSON	State WI	Zip Code 54016
Purpose of Expenditure MESSAGE PHONE CALLS	Category/ Type	Transaction ID : SE24.1179 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2024
Name of Federal Candidate TRUMP, DONALD, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	216962.08
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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YOUNG, CHRIS, , ,

Signature

Date

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NAME OF COMMITTEE (In Full) America PAC		FEC IDENTIFICATION NUMBER ▼ C C00879510
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 CONNECTION STRATEGY LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2024
Mailing Address PO BOX 161		Amount 927095.73
City HUDSON	State WI	Zip Code 54016
Purpose of Expenditure MESSAGE PHONE CALLS	Category/ Type	Transaction ID : SE24.1180 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2024
Name of Federal Candidate TRUMP, DONALD, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee CONNECTION STRATEGY LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2024
Mailing Address PO BOX 161		Amount 165656.40
City HUDSON	State WI	Zip Code 54016
Purpose of Expenditure MESSAGE PHONE CALLS	Category/ Type	Transaction ID : SE24.1185 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2024
Name of Federal Candidate TRUMP, DONALD, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1092752.13
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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YOUNG, CHRIS, , ,

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NAME OF COMMITTEE (In Full) America PAC		FEC IDENTIFICATION NUMBER ▼ C C00879510	
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	

Full Name of Payee CONNECTION STRATEGY LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2024	
Mailing Address PO BOX 161		Amount 151567.54	
City HUDSON	State WI	Zip Code 54016	Transaction ID : SE24.1186
Purpose of Expenditure MESSAGE PHONE CALLS		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2024
Name of Federal Candidate TRUMP, DONALD, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee ECHO CANYON CONSULTING LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2024	
Mailing Address 3700 DUKE STREET		Amount 99999.00	
City ALEXANDRIA	State VA	Zip Code 22034	Transaction ID : SE24.1176
Purpose of Expenditure CANVASSING/FIELD OPERATIONS		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2024
Name of Federal Candidate TRUMP, DONALD, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	251566.54
(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.

YOUNG, CHRIS, , ,

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NAME OF COMMITTEE (In Full) America PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00879510</div>		
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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee ECHO CANYON CONSULTING LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 04 / 2024</div>		
Mailing Address 3700 DUKE STREET			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">99999.00</div>		
City ALEXANDRIA		State VA	Zip Code 22034		Transaction ID : SE24.1177
Purpose of Expenditure CANVASSING/FIELD OPERATIONS		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 04 / 2024</div>	
Name of Federal Candidate HARRIS, KAMALA, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">152717198.38</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ► _____		
Full Name of Payee EDGERTON STRATEGIES LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 04 / 2024</div>		
Mailing Address 1540 KELLER PARKWAY			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">66762.23</div>		
City KELLER		State TX	Zip Code 76248		Transaction ID : SE24.1181
Purpose of Expenditure TEXTING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 04 / 2024</div>	
Name of Federal Candidate TRUMP, DONALD, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">152717198.38</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ► _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ►			<div style="border: 1px solid black; padding: 2px; display: inline-block;">166761.23</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ►			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ►			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
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 YOUNG, CHRIS, , ,			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 04 / 2024</div>		

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NAME OF COMMITTEE (In Full) America PAC		FEC IDENTIFICATION NUMBER ▼ C C00879510	
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 EDGERTON STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2024	
Mailing Address 1540 KELLER PARKWAY		Amount 66762.23	
City KELLER	State TX	Zip Code 76248	Transaction ID : SE24.1182
Purpose of Expenditure TEXTING		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2024
Name of Federal Candidate HARRIS, KAMALA, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee IMGE LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2024	
Mailing Address 1401 H STREET NW STE 550		Amount 22222.22	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE24.1168
Purpose of Expenditure DIGITAL MEDIA		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2024
Name of Federal Candidate TRUMP, DONALD, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	88984.45
(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.

YOUNG, CHRIS, , ,

Signature

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NAME OF COMMITTEE (In Full) America PAC		FEC IDENTIFICATION NUMBER ▼ C C00879510	
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 IMGE LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2024	
Mailing Address 1401 H STREET NW STE 550		Amount 22222.22	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE24.1169
Purpose of Expenditure DIGITAL MEDIA		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2024
Name of Federal Candidate HARRIS, KAMALA, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee IMGE LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2024	
Mailing Address 1401 H STREET NW STE 550		Amount 15422.20	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE24.1170
Purpose of Expenditure TEXTING		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2024
Name of Federal Candidate TRUMP, DONALD, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	37644.42
(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.

YOUNG, CHRIS, , ,

Signature

Date

MM / DD / YYYY
11 / 04 / 2024

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 10 OF 10
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) America PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00879510</div>		
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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee IMGE LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 03 / 2024</div>		
Mailing Address 1401 H STREET NW STE 550			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15422.19</div>		
City WASHINGTON		State DC	Zip Code 20005		Transaction ID : SE24.1171
Purpose of Expenditure TEXTING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 04 / 2024</div>	
Name of Federal Candidate HARRIS, KAMALA, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">152717198.38</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____		
Full Name of Payee			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
City		State	Zip Code		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>
Purpose of Expenditure		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>			
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ►			<div style="border: 1px solid black; padding: 2px; display: inline-block;">15422.19</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ►			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ►			<div style="border: 1px solid black; padding: 2px; display: inline-block;">2802406.78</div>		
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 YOUNG, CHRIS, , ,			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 04 / 2024</div>		