

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 2  
FOR SE OF FORM 24/48

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| NAME OF COMMITTEE (In Full)<br><b>Gun Rights America</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |  |             | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00742635</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;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> |  |             |                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                   |
| Full Name of Payee<br>PXI Inc.<br><b>[MEMO ITEM]</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |  |             | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div><br>09 / 30 / 2024 |  |                                                                                                                                                                                                                                                                                                                   |
| Mailing Address 21 Warehouse Rd                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |             | Amount<br><div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div><br>2640.00                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                   |
| City<br>Harrisonburg                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | State<br>VA | Zip Code<br>22801-9704                                                                                                                                                                                                                                                                                                                     |  | <b>Transaction ID : E282626AD0831480C853</b>                                                                                                                                                                                                                                                                      |
| Purpose of Expenditure<br>Estimated Mail Voter Outreach                                                                                                                                                                                                                                                                                                                                                                                                                        |  |             | Category/<br>Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>                                                                                                                                                                                                                                  |  | Date of Disbursement or Obligation<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> |
| Name of Federal Candidate<br>Perry, Scott, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                                                                                                                                                                                             |  | Office Sought: <input checked="" type="checkbox"/> House    District: 10<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: PA                                                                                                                                                       |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>                                                                                                                                                                                                                                                                                                                               |  |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                   |
| Full Name of Payee<br>PXI Inc.<br><b>[MEMO ITEM]</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |  |             | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div><br>09 / 30 / 2024 |  |                                                                                                                                                                                                                                                                                                                   |
| Mailing Address 21 Warehouse Rd                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |             | Amount<br><div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div><br>2527.00                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                   |
| City<br>Harrisonburg                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | State<br>VA | Zip Code<br>22801-9704                                                                                                                                                                                                                                                                                                                     |  | <b>Transaction ID : EEE6E8A5FA23A4980ADE</b>                                                                                                                                                                                                                                                                      |
| Purpose of Expenditure<br>Estimated Mail Voter Outreach                                                                                                                                                                                                                                                                                                                                                                                                                        |  |             | Category/<br>Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>                                                                                                                                                                                                                                  |  | Date of Disbursement or Obligation<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> |
| Name of Federal Candidate<br>Abolfazli, Maryam., , ,                                                                                                                                                                                                                                                                                                                                                                                                                           |  |             | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose                                                                                                                                                                                                                                                             |  | Office Sought: <input checked="" type="checkbox"/> House    District: 05<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: TN                                                                                                                                                       |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>                                                                                                                                                                                                                                                                                                                               |  |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                   |
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                                                                                                                                |  |             | <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div><br>0                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                   |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶                                                                                                                                                                                                                                                                                                                                                                                                             |  |             | <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                   |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                                                                                                                                               |  |             | <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></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<br><br>Gates, Benjamin, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |             | Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div><br>09 / 23 / 2024                                         |  |                                                                                                                                                                                                                                                                                                                   |

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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| NAME OF COMMITTEE (In Full)<br><b>Gun Rights America</b>                                                                                                                                                                                                                                                                                                    |  |                                                                                                     | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00742635</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="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>                                                 |  |                                                                                                     |                                                                                                                                                   |                                                                                                                                                |                                                                                                                                                             |
| Full Name of Payee<br>PXI Inc.<br><b>X</b>                                                                                                                                                                                                                                                                                                                  |  |                                                                                                     | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 30 / 2024</div>      |                                                                                                                                                |                                                                                                                                                             |
| Mailing Address 21 Warehouse Rd                                                                                                                                                                                                                                                                                                                             |  |                                                                                                     | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">2527.00</div>                                                |                                                                                                                                                |                                                                                                                                                             |
| City<br>Harrisonburg                                                                                                                                                                                                                                                                                                                                        |  | State<br>VA                                                                                         | Zip Code<br>22801-9704                                                                                                                            |                                                                                                                                                | <b>Transaction ID : E4FE9E0C5B6EF48B1917</b>                                                                                                                |
| Purpose of Expenditure<br>Estimated Mail Voter Outreach                                                                                                                                                                                                                                                                                                     |  | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |                                                                                                                                                   | Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> |                                                                                                                                                             |
| Name of Federal Candidate<br>Ogles, Andy, , ,                                                                                                                                                                                                                                                                                                               |  |                                                                                                     | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                    |                                                                                                                                                | Office Sought: <input checked="" type="checkbox"/> House    District: 05<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: TN |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">5054.00</div>                                                                                                                                                                                                            |  |                                                                                                     | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ |                                                                                                                                                |                                                                                                                                                             |
| Full Name of Payee<br>PXI Inc.<br><b>X</b>                                                                                                                                                                                                                                                                                                                  |  |                                                                                                     | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 30 / 2024</div>      |                                                                                                                                                |                                                                                                                                                             |
| Mailing Address 21 Warehouse Rd                                                                                                                                                                                                                                                                                                                             |  |                                                                                                     | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">2640.00</div>                                                |                                                                                                                                                |                                                                                                                                                             |
| City<br>Harrisonburg                                                                                                                                                                                                                                                                                                                                        |  | State<br>VA                                                                                         | Zip Code<br>22801-9704                                                                                                                            |                                                                                                                                                | <b>Transaction ID : E08A0DB6F586E4EEDB01</b>                                                                                                                |
| Purpose of Expenditure<br>Estimated Mail Voter Outreach                                                                                                                                                                                                                                                                                                     |  | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |                                                                                                                                                   | Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> |                                                                                                                                                             |
| Name of Federal Candidate<br>Stelson, Janelle, , ,                                                                                                                                                                                                                                                                                                          |  |                                                                                                     | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose                                                                    |                                                                                                                                                | Office Sought: <input checked="" type="checkbox"/> House    District: 10<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: PA |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">5280.00</div>                                                                                                                                                                                                            |  |                                                                                                     | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ |                                                                                                                                                |                                                                                                                                                             |
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                             |  |                                                                                                     | <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>                                                             |                                                                                                                                                |                                                                                                                                                             |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶                                                                                                                                                                                                                                                                                          |  |                                                                                                     | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                 |                                                                                                                                                |                                                                                                                                                             |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                            |  |                                                                                                     | <div style="border: 1px solid black; padding: 2px; display: inline-block;">5167.00</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<br><br>Gates, Benjamin, , ,                                                                                                                                                                                                                                                                                                                       |  |                                                                                                     | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 23 / 2024</div>                                              |                                                                                                                                                |                                                                                                                                                             |