

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

NAME OF COMMITTEE (In Full) Defending Main Street SuperPAC Inc.		FEC IDENTIFICATION NUMBER ▼ C C00540203	
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY	

Full Name of Payee Strategic Media Placement Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 14 / 2024	
Mailing Address 7669 Stagers Loop		Amount 349000.00	
City Delaware	State OH	Zip Code 43015	Transaction ID : SE.6547
Purpose of Expenditure TV Ads	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 09 / 2024	
Name of Federal Candidate McGuire, John, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 05 ☐ President ☐ Senate State: VA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶	

Full Name of Payee Strategic Media Placement Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 14 / 2024	
Mailing Address 7669 Stagers Loop		Amount 38010.00	
City Delaware	State OH	Zip Code 43015	Transaction ID : SE.6549
Purpose of Expenditure Radio Ads/Production	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 09 / 2024	
Name of Federal Candidate McGuire, John, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 05 ☐ President ☐ Senate State: VA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	387010.00
(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.

Chamberlain, Sarah, , ,

Signature

Date

MM / DD / YYYY
05 / 09 / 2024

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Defending Main Street SuperPAC Inc.		FEC IDENTIFICATION NUMBER ▼ C C00540203	
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY	

Full Name of Payee Strategic Media Placement Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 14 / 2024	
Mailing Address 7669 Stagers Loop		Amount 47387.79	
City Delaware	State OH	Zip Code 43015	Transaction ID : SE.6550
Purpose of Expenditure Digital Ads		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 09 / 2024
Name of Federal Candidate McGuire, John, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 05 ☐ President ☐ Senate State: VA
Calendar Year-To-Date Per Election for Office Sought		451991.00	Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶

Full Name of Payee The Strategy Group for Media Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 14 / 2024	
Mailing Address 7669 Stagers Loop		Amount 17593.21	
City Delaware	State OH	Zip Code 43015	Transaction ID : SE.6548
Purpose of Expenditure TV Ad Production		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 09 / 2024
Name of Federal Candidate McGuire, John, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 05 ☐ President ☐ Senate State: VA
Calendar Year-To-Date Per Election for Office Sought		366593.21	Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	64981.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	451991.00

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.

Chamberlain, Sarah, , ,
Signature

Date MM / DD / YYYY
05 / 09 / 2024