

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

NAME OF COMMITTEE (In Full) SHOW-ME STRONG PAC			FEC IDENTIFICATION NUMBER ▼ C C00832485		
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					
Full Name of Payee RED EAGLE MEDIA GROUP			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2024		
Mailing Address 815 SLATERS LANE			Amount 159000.00		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24.21296
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2024	
Name of Federal Candidate KUNCE, LUCAS, , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MO
Calendar Year-To-Date Per Election for Office Sought 3018691.38			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee RED EAGLE MEDIA GROUP			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2024		
Mailing Address 815 SLATERS LANE			Amount 57235.00		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24.21319
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2024	
Name of Federal Candidate KUNCE, LUCAS, , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MO
Calendar Year-To-Date Per Election for Office Sought 3018691.38			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			216235.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			216235.00		
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.					
Signature RUTLAND, JANNA, , ,			Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2024		