

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

NAME OF COMMITTEE (In Full) GOPAC Election Fund			FEC IDENTIFICATION NUMBER ▼ C C00559740		
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 Y Y					
Full Name of Payee MARTIN & BLAINE THE DIFFERENTIATORS			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 02 15 2024		
Mailing Address PO BOX 17623			Amount 22713.25		
City RALEIGH		State NC	Zip Code 27619		Transaction ID : SE24.19 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 02 16 2024
Purpose of Expenditure DIRECT MAIL EXPENSE			Category/ Type		
Name of Federal Candidate HARRIGAN, PAT, , ,			☐ Support ☒ Oppose Office Sought: ☒ House District: <u>10</u> ☐ President ☐ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶		
Full Name of Payee MARTIN & BLAINE THE DIFFERENTIATORS			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 02 15 2024		
Mailing Address PO BOX 17623			Amount 22713.26		
City RALEIGH		State NC	Zip Code 27619		Transaction ID : SE24.20 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 02 16 2024
Purpose of Expenditure DIRECT MAIL EXPENSE			Category/ Type		
Name of Federal Candidate MILLS, GREY, , ,			☒ Support ☐ Oppose Office Sought: ☒ House District: <u>10</u> ☐ President ☐ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 45426.51 (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. Signature <u>JOHNSON, MELODIE, , ,</u> Date M M M / D D D / Y Y Y Y Y Y Y Y 02 16 2024					

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Full Name of Payee STRATEGIC MEDIA DELIVERY LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 15 / 2024	
Mailing Address 4441 SIX FORKS ROAD		Amount 511700.00	
City RALEIGH	State NC	Zip Code 27609	Transaction ID : SE24.18
Purpose of Expenditure MEDIA		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 08 / 2024
Name of Federal Candidate HARRIGAN, PAT, , ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 10 ☐ President ☐ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate		☐ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	511700.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	557126.51

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.

JOHNSON, MELODIE, , ,

Signature

Date

MM / DD / YYYY
02 / 16 / 2024