

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

NAME OF COMMITTEE (In Full) SAVE OUR COUNTRY			FEC IDENTIFICATION NUMBER ▼ C C00877787	
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee TARGETED VICTORY		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2024		
Mailing Address 2311 WILSON BLVD FL 2		Amount 100000.00		
City ARLINGTON	State VA	Zip Code 22201	Transaction ID : SE24.19056	
Purpose of Expenditure IN-KIND OFFSET: EMAIL COMMUNICATION / SMS MESSAGING		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2024	
Name of Federal Candidate BROWN, SAM, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought		400000.00	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.....		100000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....		100000.00		
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.				
FISHER, JEDIDIAH, , , Signature		Date MM / DD / YYYY 09 / 21 / 2024		