

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

NAME OF COMMITTEE (In Full) ANTI-PSYCHOPATH PAC INC.		FEC IDENTIFICATION NUMBER ▼ C C00882399	
Check if ☐ 24-hour report ☒ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee Amperсанд			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 06 / 2024		
Mailing Address 131 W 42nd St 11th Fl			Amount 44737.20		
City New York	State NY	Zip Code 10036	Transaction ID : SE.4188		
Purpose of Expenditure Advertising		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 05 / 2024		
Name of Federal Candidate TRUMP, DONALD J., , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		272804.78	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		

Full Name of Payee Extreme Reach Inc			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 06 / 2024		
Mailing Address 3 Allied Dr Ste 130			Amount 200.00		
City Dedham	State MA	Zip Code 02026	Transaction ID : SE.4189		
Purpose of Expenditure Advertising		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate TRUMP, DONALD J., , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		279320.62	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	44937.20
(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.

Conway, George, T, , III

Signature

Date

MM / DD / YYYY
08 / 08 / 2024

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

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Check if ☐ 24-hour report ☒ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee Longwell Partners		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 06 / 2024	
Mailing Address 1100 Vermont Ave NW 10th Floor		Amount 6315.84	
City Washington	State DC	Zip Code 20005	Transaction ID : SE.4190
Purpose of Expenditure Advertising Production and Placement		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate TRUMP, DONALD J., , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		279120.62	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..... ▶	6315.84
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	51253.04

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.

Conway, George, T, , III

Signature

Date

MM / DD / YYYY
08 / 08 / 2024