

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NRSC		FEC IDENTIFICATION NUMBER ▼ C C00027466	
Check if ☐ 24-hour report ☒ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee FP1 STRATEGIES			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2022	
Mailing Address 3001 WASHINGTON BLVD 7TH FLOOR			Amount 8096.50	
City ARLINGTON	State VA	Zip Code 22201	Transaction ID : SE24.0914.001	
Purpose of Expenditure MEDIA		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2022	
Name of Federal Candidate HASSAN, MARGARET, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought		166471.50	Disbursement For: ☐ Primary ☒ General 2022 ☐ Other (specify) ▶ _____	

Full Name of Payee FP1 STRATEGIES			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2022	
Mailing Address 3001 WASHINGTON BLVD 7TH FLOOR			Amount 12000.00	
City ARLINGTON	State VA	Zip Code 22201	Transaction ID : SE24.0914.002	
Purpose of Expenditure MEDIA		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 17 / 2022	
Name of Federal Candidate HASSAN, MARGARET, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought		166471.50	Disbursement For: ☐ Primary ☒ General 2022 ☐ Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	20096.50
(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.

DAVIS, KEITH, , ,

[Electronically Filed]

Date

MM / DD / YYYY
09 / 16 / 2022

Signature

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Full Name of Payee FP1 STRATEGIES		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2022
Mailing Address 3001 WASHINGTON BLVD 7TH FLOOR		Amount 35000.00
City ARLINGTON	State VA	Zip Code 22201
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24.0914.003 Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2022
Name of Federal Candidate HASSAN, MARGARET, , ,		Office Sought: ☐ House District: _____ ☒ Oppose ☐ President ☒ Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2022 ☐ Other (specify) ▶

Full Name of Payee FLEXPOINT MEDIA INC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2022
Mailing Address PO BOX 1051		Amount 111375.00
City NEW ALBANY	State OH	Zip Code 43054
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24.0914.004 Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2022
Name of Federal Candidate HASSAN, MARGARET, , ,		Office Sought: ☐ House District: _____ ☒ Oppose ☐ President ☒ Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2022 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	146375.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Full Name of Payee CONVERGENCE MEDIA LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2022	
Mailing Address 130 N FAYETTE STREET			Amount 46500.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0914.005	
Purpose of Expenditure MEDIA		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2022	
Name of Federal Candidate CORTEZ MASTO, CATHERINE, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought		2552833.44	Disbursement For: ☐ Primary ☒ General 2022 ☐ 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..... ▶	46500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	212971.50

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