

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

NAME OF COMMITTEE (In Full) America's First Freedoms, Inc.		FEC IDENTIFICATION NUMBER ▼ C C00868026	
Check if ☐ 24-hour report ☒ 48-hour report		☐ New report	☒ Amends report filed on
		M M / D D / Y Y Y Y Y Y 03 / 21 / 2024	

Full Name of Payee Vision Direct		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 20 / 2024	
Mailing Address 2222 Enterprise Park Pl.		Amount 15222.35	
City Indianapolis	State IN	Zip Code 46218	Transaction ID : SE.4216
Purpose of Expenditure Mailing	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate MESSMER, MARK MR., ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 08 ☐ President ☐ Senate State: IN
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 M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
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.....▶	15222.35
(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.

Bopp, James, , , Jr.

Signature

Date

M M / D D / Y Y Y Y Y Y
07 / 16 / 2024

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F24A

Transaction ID :

Amended to correct/delete duplicate expenditure

Form/Schedule:

Transaction ID: