

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

NAME OF COMMITTEE (In Full) SPECIAL OPERATIONS FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00523241		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee AINSLEY SHEA			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 10 / 2024		
Mailing Address 735 Snelling Ave N			Amount 7120.00		
City State Zip Code Saint Paul MN 55104-1214		Transaction ID : EBF40A961EE54E6083D Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 10 / 2024			
Purpose of Expenditure COMMUNICATIONS CONSULTING/PRODUCTION		Category/ Type			
Name of Federal Candidate Kent, Joseph, , ,			☒ Support ☐ Oppose		Office Sought: ☒ House District: 03 ☐ President ☐ Senate State: WA
Calendar Year-To-Date Per Election for Office Sought 77120.00			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
Full Name of Payee VALENTINE GROUP, LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 11 / 2024		
Mailing Address 86 Lakeside Villas # E2			Amount 40000.00		
City State Zip Code Vega Alta PR 00692-8724		Transaction ID : E63EF24DB265043928E6 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 10 / 2024			
Purpose of Expenditure DIGITAL ADVERTISING		Category/ Type			
Name of Federal Candidate Mercuri, Robert, W, ,			☒ Support ☐ Oppose		Office Sought: ☒ House District: 17 ☐ President ☐ Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 43620.00			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			47120.00		
(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 KILGORE, PAUL, , ,			Date M M / D D / Y Y Y Y Y Y 10 / 11 / 2024		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) SPECIAL OPERATIONS FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00523241		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee AINSLEY SHEA			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 11 / 2024		
Mailing Address 735 Snelling Ave N			Amount 3620.00		
City State Zip Code Saint Paul MN 55104-1214		Transaction ID : E92CF1C94DD164C6FAA4 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 10 / 2024			
Purpose of Expenditure COMMUNICATIONS CONSULTING/PRODUCTION		Category/ Type			
Name of Federal Candidate Mercuri, Robert, W, ,		☒ Support ☐ Oppose		Office Sought: ☒ House District: 17 ☐ President ☐ Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought		43620.00		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	
Full Name of Payee VALENTINE GROUP, LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 11 / 2024		
Mailing Address 86 Lakeside Villas # E2			Amount 40000.00		
City State Zip Code Vega Alta PR 00692-8724		Transaction ID : E57A12F3C070647C6ACF Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 08 / 2024			
Purpose of Expenditure DIGITAL ADVERTISING		Category/ Type			
Name of Federal Candidate Evans, Timothy Gabriel, Joseph, ,		☒ Support ☐ Oppose		Office Sought: ☒ House District: 08 ☐ President ☐ Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought		43620.00		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			43620.00		
(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 KILGORE, PAUL, , ,			Date M M / D D / Y Y Y Y Y Y 10 / 11 / 2024		

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

NAME OF COMMITTEE (In Full) SPECIAL OPERATIONS FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00523241		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y					
Full Name of Payee AINSLEY SHEA			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 11 / 2024 M M / D D / Y Y Y Y Y Y		
Mailing Address 735 Snelling Ave N			Amount 3620.00		
City State Zip Code Saint Paul MN 55104-1214		Transaction ID : E1625548E1F3E4BBF81D Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 10 / 2024 M M / D D / Y Y Y Y Y Y			
Purpose of Expenditure COMMUNICATIONS CONSULTING/PRODUCTION		Category/ Type			
Name of Federal Candidate Evans, Timothy Gabriel, Joseph, ,		☒ Support ☐ Oppose		Office Sought: ☒ House District: 08 ☐ President ☐ Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought		43620.00		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 M M / D D / Y Y Y Y Y Y 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 M M / D D / Y Y Y Y Y Y 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..... ▶			3620.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			94360.00		
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. Signature KILGORE, PAUL, , , Date M M / D D / Y Y Y Y Y Y 10 / 11 / 2024 M M / D D / Y Y Y Y Y Y					