

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
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 M M / D D / Y Y Y Y Y Y					
Full Name of Payee FP1 STRATEGIES			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 14 / 2024		
Mailing Address 3001 WASHINGTON BLVD 7TH FLOOR			Amount 40855.00		
City ARLINGTON		State VA	Zip Code 22201		Transaction ID : SE24.M9.010
Purpose of Expenditure MEDIA		Category/Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 14 / 2024	
Name of Federal Candidate ROSEN, JACKY, , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: NV
Calendar Year-To-Date Per Election for Office Sought			984816.08 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee GEN2 SOLUTIONS LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 14 / 2024		
Mailing Address 3001 WASHINGTON BLVD 7TH FLOOR			Amount 360627.75		
City ARLINGTON		State VA	Zip Code 22201		Transaction ID : SE24.M9.011
Purpose of Expenditure MEDIA		Category/Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 13 / 2024	
Name of Federal Candidate ROSEN, JACKY, , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: NV
Calendar Year-To-Date Per Election for Office Sought			984816.08 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			401482.75		
(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 DAVIS, KEITH, , ,			Date M M / D D / Y Y Y Y Y Y 08 / 16 / 2024		

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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 GEN2 SOLUTIONS LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 14 / 2024	
Mailing Address 3001 WASHINGTON BLVD 7TH FLOOR			Amount 583333.33	
City ARLINGTON	State VA	Zip Code 22201	Transaction ID : SE24.M9.012	
Purpose of Expenditure MEDIA		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 13 / 2024	
Name of Federal Candidate ROSEN, JACKY, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought		984816.08	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..... ▶	583333.33
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	984816.08

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 DAVIS, KEITH, , , Date MM / DD / YYYY 08 / 16 / 2024