

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

NAME OF COMMITTEE (In Full) GOPAC Election Fund			FEC IDENTIFICATION NUMBER ▼ C C00559740		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y		
Full Name of Payee MARTIN & BLAINE THE DIFFERENTIATORS			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2023		
Mailing Address PO BOX 17623			Amount 27475.00		
City RALEIGH		State NC	Zip Code 27619	Transaction ID : SE24.1	
Purpose of Expenditure DIRECT MAIL EXPENSE		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2023		
Name of Federal Candidate MOORE, TIM, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 14 ☐ President ☐ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		27475.00		Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶	
Full Name of Payee			Date of Public Distribution/Dissemination		
Mailing Address			Amount		
City		State	Zip Code	Date of Disbursement or Obligation	
Purpose of Expenditure		Category/ Type	M M M / D D D / Y Y Y Y Y Y		
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..... ▶			27475.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			27475.00		
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 JOHNSON, MELODIE, , ,			Date M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2023		