

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 1
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 M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y					
Full Name of Payee GEN2 SOLUTIONS LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 02 / 2024 M M / D D / Y Y Y Y Y Y		
Mailing Address 3001 WASHINGTON BLVD 7TH FLOOR			Amount 1314138.88		
City ARLINGTON		State VA	Zip Code 22201		Transaction ID : SE24.12G.047
Purpose of Expenditure MEDIA		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2024 M M / D D / Y Y Y Y Y Y	
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 10236325.60			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 10 / 02 / 2024 M M / D D / Y Y Y Y Y Y		
Mailing Address 3001 WASHINGTON BLVD 7TH FLOOR			Amount 1208307.63		
City ARLINGTON		State VA	Zip Code 22201		Transaction ID : SE24.12G.048
Purpose of Expenditure MEDIA		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2024 M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate SLOTKIN, ELISSA, , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 11008894.15			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			2522446.51		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			2522446.51		
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 10 / 04 / 2024 M M / D D / Y Y Y Y Y Y		