

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

NAME OF COMMITTEE (In Full) POLE POSITION PAC			FEC IDENTIFICATION NUMBER ▼ C C00852244		
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 M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee GP3 Mix Media LLC			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 20 / 2024 M M M / D D D / Y Y Y Y Y Y		
Mailing Address 10065 E Harvard Ave Ste 400			Amount 400000.00		
City State Zip Code Denver CO 80231		Transaction ID : SE.4154 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 17 / 2024 M M M / D D D / Y Y Y Y Y Y			
Purpose of Expenditure IE-Golden-Media Buy		Category/Type 004			
Name of Federal Candidate GOLDEN, JARED, , ,		☐ Support ☒ Oppose		Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: ME	
Calendar Year-To-Date Per Election for Office Sought		500000.00		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	
Full Name of Payee Sandtrap Associates			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 20 / 2024 M M M / D D D / Y Y Y Y Y Y		
Mailing Address 49 Sandtrap Rd			Amount 30000.00		
City State Zip Code Island Falls ME 04747		Transaction ID : SE.4148 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 28 / 2024 M M M / D D D / Y Y Y Y Y Y			
Purpose of Expenditure IE-Theriault-Canvassing		Category/Type 004			
Name of Federal Candidate THERIAULT, AUSTIN LEO, , ,		☒ Support ☐ Oppose		Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: ME	
Calendar Year-To-Date Per Election for Office Sought		95000.00		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			430000.00		
(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 Lisker, Lisa, , , Date M M M / D D D / Y Y Y Y Y Y 09 / 22 / 2024 M M M / D D D / Y Y Y Y Y Y					

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

NAME OF COMMITTEE (In Full) POLE POSITION PAC		FEC IDENTIFICATION NUMBER ▼ C C00852244
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Sandtrap Associates		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2024
Mailing Address 49 Sandtrap Rd		Amount 5000.00
City Island Falls	State ME	Zip Code 04747
Purpose of Expenditure IE-Therault-Canvassing	Category/ Type 004	Transaction ID : SE.4150 Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2024
Name of Federal Candidate THERIAULT, AUSTIN LEO, , ,		Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: ME ☐ Oppose
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 MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate		Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____ ☐ Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	435000.00

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.

Lisker, Lisa, , ,
Signature

Date MM / DD / YYYY
09 / 22 / 2024