

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

NAME OF COMMITTEE (In Full) MILLIONS OF MICHIGANIANS			FEC IDENTIFICATION NUMBER ▼ C C00718353		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY		
Full Name of Payee WKQ Media			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 14 / 2024		
Mailing Address 1502 Kearny St NE			Amount 250000.00		
City Washington State DC Zip Code 20017		Transaction ID : SE.4672			
Purpose of Expenditure Digital Ads		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 14 / 2024		
Name of Federal Candidate BIDEN, JOSEPH R, R, , Jr.		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		250000.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
Full Name of Payee WKQ Media			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 14 / 2024		
Mailing Address 1502 Kearny St NE			Amount 250000.00		
City Washington State DC Zip Code 20017		Transaction ID : SE.4673			
Purpose of Expenditure Digital Ads		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 14 / 2024		
Name of Federal Candidate TRUMP, DONALD, J, ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		500000.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			500000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			500000.00		
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 Soltis, Joseph, , ,			Date MM / DD / YYYY 06 / 20 / 2024		