

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

NAME OF COMMITTEE (In Full) FTW PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00887208</div>	
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			
Full Name of Payee Traffic Stars		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div>MM / DD / YYYY 10 / 22 / 2024</div></div>	
Mailing Address 124 Arch. Makariou III		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3608.56</div>	
City Limassol	State ZZ	Zip Code	Transaction ID : WFT2024923179-1 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div>MM / DD / YYYY 10 / 22 / 2024</div></div>
Purpose of Expenditure Digital ads		Category/ Type	
Name of Federal Candidate Trump, Donald, , ,		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____ <div style="display: flex; justify-content: space-between;"><div>☐ Support ☒ Oppose</div></div>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____ <div style="border: 1px solid black; padding: 2px; display: inline-block;">15208.66</div>	
Full Name of Payee		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div>MM / DD / YYYY</div></div>	
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
City	State	Zip Code	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div>MM / DD / YYYY</div></div>
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate		Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____ <div style="display: flex; justify-content: space-between;"><div>☐ Support ☐ Oppose</div></div>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶ _____ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">3608.56</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">3608.56</div>	
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 Nowinski, Walter, , ,		Date <div style="display: flex; justify-content: space-between;"><div>MM / DD / YYYY 10 / 23 / 2024</div></div>	