

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

NAME OF COMMITTEE (In Full) Mainstream Democrats PAC			FEC IDENTIFICATION NUMBER ▼ C C00804823		
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 Y Y					
Full Name of Payee Beaumont Media			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 07 / 22 / 2024		
Mailing Address 2810 N Church St # 202337			Amount 30656.35		
City State Zip Code Wilmington DE 19802-4447		Transaction ID : 500674117 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 07 / 15 / 2024			
Purpose of Expenditure Direct Mail Advertising		Category/ Type		Name of Federal Candidate BELL, WESLEY, MR, ,	
		☒ Support ☐ Oppose		Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: MO	
Calendar Year-To-Date Per Election for Office Sought 874398.97			Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶		
Full Name of Payee Beaumont Media			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 07 / 22 / 2024		
Mailing Address 2810 N Church St # 202337			Amount 30656.35		
City State Zip Code Wilmington DE 19802-4447		Transaction ID : 500674118 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 07 / 15 / 2024			
Purpose of Expenditure Direct Mail Advertising		Category/ Type		Name of Federal Candidate BUSH, CORI, , ,	
		☐ Support ☒ Oppose		Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: MO	
Calendar Year-To-Date Per Election for Office Sought 874398.97			Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			61312.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			61312.70		
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 Petterson, Jay, , ,			Date M M M / D D D / Y Y Y Y Y Y Y Y 07 / 23 / 2024		