

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                      |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| NAME OF COMMITTEE (In Full)<br><b>NRSC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                                                                                                           | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00027466</div>                                                                                                                                                                                                                            |  |  |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> |             |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                      |  |  |
| Full Name of Payee<br>ARENA LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |                                                                                                           | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div><br>09 / 18 / 2024                          |  |  |
| Mailing Address 1260 E STRINGHAM AVE SUITE 400                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                                                                                                           | Amount<br><div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div><br>290742.00                                                                                                                                                                                                                                                      |  |  |
| City<br>SALT LAKE CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                          | State<br>UT | Zip Code<br>84106                                                                                         | Transaction ID : SE24.M9.024<br>Date of Disbursement or Obligation<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div><br>09 / 18 / 2024 |  |  |
| Purpose of Expenditure<br>MEDIA                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             | Category/<br>Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div> |                                                                                                                                                                                                                                                                                                                                                                      |  |  |
| Name of Federal Candidate<br>SLOTKIN, ELISSA, ,                                                                                                                                                                                                                                                                                                                                                                                                                                 |             | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose                            | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI                                                                                                                                                                                                             |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div><br>7979080.13                                                                                                                                                                                                                                                                                                                  |             |                                                                                                           | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____                                                                                                                                                                                                              |  |  |
| Full Name of Payee<br>GEN2 SOLUTIONS LLC                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                                                                                                           | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div><br>09 / 18 / 2024                          |  |  |
| Mailing Address 3001 WASHINGTON BLVD 7TH FLOOR                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                                                                                                           | Amount<br><div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div><br>1528885.75                                                                                                                                                                                                                                                     |  |  |
| City<br>ARLINGTON                                                                                                                                                                                                                                                                                                                                                                                                                                                               | State<br>VA | Zip Code<br>22201                                                                                         | Transaction ID : SE24.M9.023<br>Date of Disbursement or Obligation<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div><br>09 / 16 / 2024 |  |  |
| Purpose of Expenditure<br>MEDIA                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             | Category/<br>Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div> |                                                                                                                                                                                                                                                                                                                                                                      |  |  |
| Name of Federal Candidate<br>SLOTKIN, ELISSA, ,                                                                                                                                                                                                                                                                                                                                                                                                                                 |             | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose                            | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI                                                                                                                                                                                                             |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div><br>7979080.13                                                                                                                                                                                                                                                                                                                  |             |                                                                                                           | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____                                                                                                                                                                                                              |  |  |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                                                                                                           | <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div><br>1819627.75                                                                                                                                                                                                                                                               |  |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶                                                                                                                                                                                                                                                                                                                                                                                                                     |             |                                                                                                           | <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>                                                                                                                                                                                                                                                                             |  |  |
| (c) TOTAL Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                                                                                                           | <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></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<br><br>DAVIS, KEITH, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                                                                                                           | Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div><br>09 / 20 / 2024                                                                  |  |  |

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

|                                                                                                     |  |                                                                                                |  |
|-----------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>NRSC</b>                                                          |  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><b>C</b> C00027466                                       |  |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|                                                         |                   |                                                                                                                                                   |                                                                                                                                                          |
|---------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br>GEN2 SOLUTIONS LLC                |                   | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>09 / 19 / 2024                                                                     |                                                                                                                                                          |
| Mailing Address 3001 WASHINGTON BLVD 7TH FLOOR          |                   | Amount<br>1321637.63                                                                                                                              |                                                                                                                                                          |
| City<br>ARLINGTON                                       | State<br>VA       | Zip Code<br>22201                                                                                                                                 | Transaction ID : SE24.M9.025                                                                                                                             |
| Purpose of Expenditure<br>MEDIA                         | Category/<br>Type | Date of Disbursement or Obligation<br>MM / DD / YYYY<br>09 / 16 / 2024                                                                            |                                                                                                                                                          |
| Name of Federal Candidate<br>ROSEN, JACKY, , ,          |                   | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose                                                                    | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV |
| Calendar Year-To-Date<br>Per Election for Office Sought |                   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ |                                                                                                                                                          |

|                                                         |                   |                                                                                                                                   |                                                                                                                                                  |
|---------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee                                      |                   | Date of Public Distribution/Dissemination<br>MM / DD / YYYY                                                                       |                                                                                                                                                  |
| Mailing Address                                         |                   | Amount                                                                                                                            |                                                                                                                                                  |
| City                                                    | State             | Zip Code                                                                                                                          | Date of Disbursement or Obligation<br>MM / DD / YYYY                                                                                             |
| Purpose of Expenditure                                  | Category/<br>Type |                                                                                                                                   |                                                                                                                                                  |
| Name of Federal Candidate                               |                   | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                               | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |
| Calendar Year-To-Date<br>Per Election for Office Sought |                   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ |                                                                                                                                                  |

|                                                                    |            |
|--------------------------------------------------------------------|------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | 1321637.63 |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ |            |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   | 3141265.38 |

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 MM / DD / YYYY  
09 / 20 / 2024