

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) TRUST IN THE MISSION PAC	FEC IDENTIFICATION NUMBER ▼ C C00840546
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee ACE CONSULTING GROUP LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 14 / 2023	
Mailing Address 78 FOLLY ROAD BOULEVARD STE B9-1182			Amount 321253.11	
City CHARLESTON	State SC	Zip Code 29407	Transaction ID : SE24.119	
Purpose of Expenditure NON-CONTRIBUTION ACCT: MEDIA PLACEMENT		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 11 / 2023	
Name of Federal Candidate SCOTT, TIMOTHY, E., ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 7697887.50		Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶		

Full Name of Payee ACE CONSULTING GROUP LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 14 / 2023	
Mailing Address 78 FOLLY ROAD BOULEVARD STE B9-1182			Amount 174778.30	
City CHARLESTON	State SC	Zip Code 29407	Transaction ID : SE24.120	
Purpose of Expenditure NON-CONTRIBUTION ACCT: MEDIA PLACEMENT		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 11 / 2023	
Name of Federal Candidate SCOTT, TIMOTHY, E., ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought 2662265.52		Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	496031.41
(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.

JENKINS, TIFFANY, , ,

Signature

Date

M M / D D / Y Y Y Y Y Y
09 / 16 / 2023

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SE

Transaction ID : SE24.119

MULTISTATE INDEPENDENT EXPENDITURE, PUBLICLY DISTRIBUTED OR DISSEMINATED IN ALL STATES

Form/Schedule:

Transaction ID:

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) TRUST IN THE MISSION PAC		FEC IDENTIFICATION NUMBER ▼ C C00840546
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee ACE CONSULTING GROUP LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2023
Mailing Address 78 FOLLY ROAD BOULEVARD STE B9-1182		Amount 250000.00
City CHARLESTON	State SC	Zip Code 29407
Purpose of Expenditure NON-CONTRIBUTION ACCT: DIGITAL & SMS ADVERTISING		Transaction ID : SE24.121
Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2023
Name of Federal Candidate SCOTT, TIMOTHY, E., ,		Office Sought: ☒ Support ☐ Oppose ☒ President ☐ Senate
Calendar Year-To-Date Per Election for Office Sought		District: 00 State: IA
7697887.50		Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶

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

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	250000.00
(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.

JENKINS, TIFFANY, , ,

Signature

Date

MM / DD / YYYY
09 / 16 / 2023

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