

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) AB PAC			FEC IDENTIFICATION NUMBER ▼ C C00492140		
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 Berni Consulting LLC Non-Contribution Account			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 29 / 2024		
Mailing Address 900 Camp St Ste 346			Amount 28333.33		
City State Zip Code New Orleans LA 70130-3987		Transaction ID : 501214995 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 24 / 2024			
Purpose of Expenditure Digital Advertising		Category/ Type			
Name of Federal Candidate TRUMP, DONALD, J., ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: NE
Calendar Year-To-Date Per Election for Office Sought 941766.67			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
Full Name of Payee Berni Consulting LLC Non-Contribution Account			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 29 / 2024		
Mailing Address 900 Camp St Ste 346			Amount 28333.33		
City State Zip Code New Orleans LA 70130-3987		Transaction ID : 501214996 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 24 / 2024			
Purpose of Expenditure Digital Advertising		Category/ Type			
Name of Federal Candidate TRUMP, DONALD, J., ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: ME
Calendar Year-To-Date Per Election for Office Sought 141666.67			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 56666.66 (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. <u>Mollineau, Rodell, , ,</u> Signature Date M M / D D / Y Y Y Y Y Y 10 / 30 / 2024					

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) AB PAC		FEC IDENTIFICATION NUMBER ▼ C C00492140
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY / /

Full Name of Payee Berni Consulting LLC Non-Contribution Account		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2024
Mailing Address 900 Camp St Ste 346		Amount 28333.33
City New Orleans	State LA	Zip Code 70130-3987
Purpose of Expenditure Digital Advertising	Category/ Type	Transaction ID : 501214997 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2024
Name of Federal Candidate TRUMP, DONALD, J., , ☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 466666.66		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee Berni Consulting LLC Non-Contribution Account		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2024
Mailing Address 900 Camp St Ste 346		Amount 28333.34
City New Orleans	State LA	Zip Code 70130-3987
Purpose of Expenditure Digital Advertising	Category/ Type	Transaction ID : 501214998 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2024
Name of Federal Candidate TRUMP, DONALD, J., , ☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 141666.67		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	56666.67
(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.

Mollineau, Rodell, , ,

Signature

Date

MM / DD / YYYY
10 / 30 / 2024

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) AB PAC		FEC IDENTIFICATION NUMBER ▼ C C00492140
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Berni Consulting LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2024	
Non-Contribution Account		Amount 28333.34	
Mailing Address 900 Camp St Ste 346		Transaction ID : 501215000	
City New Orleans	State LA	Zip Code 70130-3987	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2024
Purpose of Expenditure Digital Advertising		Category/ Type	
Name of Federal Candidate TRUMP, DONALD, J., ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

Full Name of Payee Berni Consulting LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2024	
Non-Contribution Account		Amount 28333.33	
Mailing Address 900 Camp St Ste 346		Transaction ID : 501215003	
City New Orleans	State LA	Zip Code 70130-3987	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2024
Purpose of Expenditure Digital Advertising		Category/ Type	
Name of Federal Candidate TRUMP, DONALD, J., ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	56666.67
(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.

Mollineau, Rodell, , ,

Signature

Date

MM / DD / YYYY
10 / 30 / 2024

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 4 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) AB PAC		FEC IDENTIFICATION NUMBER ▼ C C00492140
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Berni Consulting LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2024	
Non-Contribution Account		Amount 167750.00	
Mailing Address 900 Camp St Ste 346		Transaction ID : 501215005	
City State Zip Code New Orleans LA 70130-3987		Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2024	
Purpose of Expenditure Digital Advertising		Category/Type	
Name of Federal Candidate TRUMP, DONALD, J., ,		☐ Support ☒ Oppose	
		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	
		18346239.93	

Full Name of Payee Berni Consulting LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2024	
Non-Contribution Account		Amount 227500.00	
Mailing Address 900 Camp St Ste 346		Transaction ID : 501215006	
City State Zip Code New Orleans LA 70130-3987		Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2024	
Purpose of Expenditure Digital Advertising		Category/Type	
Name of Federal Candidate TRUMP, DONALD, J., ,		☐ Support ☒ Oppose	
		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	
		22748665.06	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	395250.00
(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.

Mollineau, Rodell, , ,

Signature

Date

MM / DD / YYYY
10 / 30 / 2024

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 5 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) AB PAC		FEC IDENTIFICATION NUMBER ▼ C C00492140
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 Berni Consulting LLC Non-Contribution Account		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 29 / 2024	
Mailing Address 900 Camp St Ste 346		Amount 104750.00	
City New Orleans	State LA	Zip Code 70130-3987	Transaction ID : 501215007
Purpose of Expenditure Digital Advertising		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 24 / 2024
Name of Federal Candidate TRUMP, DONALD, J., ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	
		12578598.07	

Full Name of Payee Direct Content Marketing Non-Contribution Account		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 29 / 2024	
Mailing Address PO Box 15563		Amount 325000.00	
City Asheville	State NC	Zip Code 28813-0563	Transaction ID : 501214985
Purpose of Expenditure Digital Advertising		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 25 / 2024
Name of Federal Candidate TRUMP, DONALD, J., ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	
		466666.66	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	429750.00
(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.

Mollineau, Rodell, , ,

Signature

Date

M M / D D / Y Y Y Y Y Y

10 / 30 / 2024

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 6 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) AB PAC		FEC IDENTIFICATION NUMBER ▼ C C00492140
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee K Squared Media LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2024	
Non-Contribution Account		Amount 399100.00	
Mailing Address PO Box 56276		Transaction ID : 501214990	
City Chicago	State IL	Zip Code 60656-0242	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2024
Purpose of Expenditure TV Advertising		Category/ Type	
Name of Federal Candidate TRUMP, DONALD, J., ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: NE
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

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

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	399100.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	1394100.00

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.

Mollineau, Rodell, , ,

Signature

Date

MM / DD / YYYY
10 / 30 / 2024