

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The American Foundations Committee			FEC IDENTIFICATION NUMBER ▼ C C00514125	
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Chris Mottola Consulting , Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 15 / 2024		
Mailing Address 4605 Lankershim Blvd Suite 205		Amount 12586.25		
City North Hollywood	State CA	Zip Code 91602	Transaction ID : SE.4652	
Purpose of Expenditure Advertising Production		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 15 / 2024	
Name of Federal Candidate DAUGHTRY, KELLY, , ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		461965.01	Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶	
Full Name of Payee Chris Mottola Consulting , Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 15 / 2024		
Mailing Address 4605 Lankershim Blvd Suite 205		Amount 12586.25		
City North Hollywood	State CA	Zip Code 91602	Transaction ID : SE.4653	
Purpose of Expenditure Advertising Production		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 15 / 2024	
Name of Federal Candidate VON CANON, FRED, , ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		474551.26	Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		25172.50		
(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.				
Signature Sturges, Boyd, , ,		Date MM / DD / YYYY 02 / 15 / 2024		

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NAME OF COMMITTEE (In Full) The American Foundations Committee		FEC IDENTIFICATION NUMBER ▼ C C00514125
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Total Video Placements		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 15 / 2024
Mailing Address 6530 W Campus Oval STE 175		Amount 70977.00
City New Albany	State OH	Zip Code 43054
Purpose of Expenditure Broadcast Media	Category/ Type	Transaction ID : SE.4635 Date of Disbursement or Obligation MM / DD / YYYY 02 / 13 / 2024
Name of Federal Candidate VON CANON, FRED, , , ☐ Support ☒ Oppose		Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 370601.76		Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶

Full Name of Payee Total Video Placements		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 15 / 2024
Mailing Address 6530 W Campus Oval STE 175		Amount 70977.00
City New Albany	State OH	Zip Code 43054
Purpose of Expenditure Broadcast Media	Category/ Type	Transaction ID : SE.4636 Date of Disbursement or Obligation MM / DD / YYYY 02 / 13 / 2024
Name of Federal Candidate DAUGHTRY, KELLY, , , ☐ Support ☒ Oppose		Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 441578.76		Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	141954.00
(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.

Sturges, Boyd, , ,

Signature

Date

MM / DD / YYYY
02 / 15 / 2024

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NAME OF COMMITTEE (In Full) The American Foundations Committee			FEC IDENTIFICATION NUMBER ▼ C C00514125		
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 Total Video Placements			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 15 / 2024		
Mailing Address 6530 W Campus Oval STE 175			Amount 3900.00		
City State Zip Code New Albany OH 43054		Transaction ID : SE.4637 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 13 / 2024			
Purpose of Expenditure Digital Media		Category/ Type			
Name of Federal Candidate VON CANON, FRED, , ,			☐ Support ☒ Oppose		Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			445478.76 Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶		
Full Name of Payee Total Video Placements			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 15 / 2024		
Mailing Address 6530 W Campus Oval STE 175			Amount 3900.00		
City State Zip Code New Albany OH 43054		Transaction ID : SE.4638 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 13 / 2024			
Purpose of Expenditure Digital Media		Category/ Type			
Name of Federal Candidate DAUGHTRY, KELLY, , ,			☐ Support ☒ Oppose		Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			449378.76 Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			7800.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			174926.50		
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 Sturges, Boyd, , ,			Date M M / D D / Y Y Y Y Y Y 02 / 15 / 2024		