

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

NAME OF COMMITTEE (In Full) KY PAC			FEC IDENTIFICATION NUMBER ▼ C C00944371		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y					
Full Name of Payee Barrel Placements			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 28 / 2026 M M / D D / Y Y Y Y Y Y		
Mailing Address PO Box 811			Amount 500000.00 M M / D D / Y Y Y Y Y Y		
City Alexandria		State VA	Zip Code 22314		Transaction ID : SE.4133
Purpose of Expenditure Media Placement		Category/ Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 29 / 2026 M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate CAMERON, DANIEL, , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: KY
Calendar Year-To-Date Per Election for Office Sought			2613069.30 M M / D D / Y Y Y Y Y Y		
Disbursement For: ☒ Primary ☐ General			2026 ☐ Other (specify) ▶ _____		
Full Name of Payee			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y		
Mailing Address			Amount M M / D D / Y Y Y Y Y Y		
City		State	Zip Code		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y
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			M M / D D / Y Y Y Y Y Y		
Disbursement For: ☐ Primary ☐ General			2026 ☐ Other (specify) ▶ _____		

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

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

(b) **SUBTOTAL** of Unitemized Independent Expenditures ▶

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

(c) **TOTAL** Independent Expenditures..... ▶

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

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.

Wojciechowski, Maria, , ,

Signature

Date

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

04 / 30 / 2026

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