

**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>                                                                                                                                                                                                                                                                                                                  |  |                                                                                | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00027466                                                                                                        |  |                                |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report                                                                                                                                                                                                                                                         |  |                                                                                | <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on                                                           |  |                                |
|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                | MM / DD / YYYY<br>06 / 15 / 2022                                                                                                                         |  |                                |
| Full Name of Payee<br><b>FLEXPOINT MEDIA INC</b>                                                                                                                                                                                                                                                                                                            |  |                                                                                | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>06 / 03 / 2022                                                                            |  |                                |
| Mailing Address PO BOX 1051                                                                                                                                                                                                                                                                                                                                 |  |                                                                                | Amount<br>293881.00                                                                                                                                      |  |                                |
| City<br>NEW ALBANY                                                                                                                                                                                                                                                                                                                                          |  | State<br>OH                                                                    | Zip Code<br>43054                                                                                                                                        |  | Transaction ID : SE24.0603.001 |
| Purpose of Expenditure<br>MEDIA                                                                                                                                                                                                                                                                                                                             |  | Category/<br>Type                                                              | Date of Disbursement or Obligation<br>MM / DD / YYYY<br>06 / 02 / 2022                                                                                   |  |                                |
| Name of Federal Candidate<br>WARNOCK, RAPHAEL, ,                                                                                                                                                                                                                                                                                                            |  | <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: GA |  |                                |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |  | 1490230.50                                                                     | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2022 <input type="checkbox"/> Other (specify) ▶        |  |                                |
| Full Name of Payee<br><b>ON MESSAGE INC.</b>                                                                                                                                                                                                                                                                                                                |  |                                                                                | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>06 / 03 / 2022                                                                            |  |                                |
| Mailing Address 817 SLATERS LANE                                                                                                                                                                                                                                                                                                                            |  |                                                                                | Amount<br>24122.29                                                                                                                                       |  |                                |
| City<br>ALEXANDRIA                                                                                                                                                                                                                                                                                                                                          |  | State<br>VA                                                                    | Zip Code<br>22314                                                                                                                                        |  | Transaction ID : SE24.0603.002 |
| Purpose of Expenditure<br>MEDIA                                                                                                                                                                                                                                                                                                                             |  | Category/<br>Type                                                              | Date of Disbursement or Obligation<br>MM / DD / YYYY<br>06 / 03 / 2022                                                                                   |  |                                |
| Name of Federal Candidate<br>FETTERMAN, JOHN, ,                                                                                                                                                                                                                                                                                                             |  | <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: PA |  |                                |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |  | 1396896.53                                                                     | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2022 <input type="checkbox"/> Other (specify) ▶        |  |                                |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                    |  |                                                                                | 318003.29                                                                                                                                                |  |                                |
| (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. |  |                                                                                |                                                                                                                                                          |  |                                |
| DAVIS, KEITH, , ,                                                                                                                                                                                                                                                                                                                                           |  | [Electronically Filed]                                                         | Date MM / DD / YYYY<br>06 / 15 / 2022                                                                                                                    |  |                                |
| Signature                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                |                                                                                                                                                          |  |                                |

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|                                                                                                     |  |                                                          |                                                            |
|-----------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|------------------------------------------------------------|
| 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 type="checkbox"/> New report                      | <input checked="" type="checkbox"/> Amends report filed on |
|                                                                                                     |  | M M M / D D D / Y Y Y Y Y Y<br>06 / 15 / 2022            |                                                            |

|                                                         |                   |                                                                                                                                                   |                                                                                                                                                          |
|---------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br><b>NATIONAL MEDIA</b>             |                   | Date of Public Distribution/Dissemination<br>M M M / D D D / Y Y Y Y Y Y<br>06 / 03 / 2022                                                        |                                                                                                                                                          |
| Mailing Address 815 SLATERS LANE                        |                   | Amount<br>1337774.24                                                                                                                              |                                                                                                                                                          |
| City<br>ALEXANDRIA                                      | State<br>VA       | Zip Code<br>22314                                                                                                                                 | <b>Transaction ID : SE24.0603.003</b>                                                                                                                    |
| Purpose of Expenditure<br>MEDIA                         | Category/<br>Type | Date of Disbursement or Obligation<br>M M M / D D D / Y Y Y Y Y Y<br>06 / 01 / 2022                                                               |                                                                                                                                                          |
| Name of Federal Candidate<br>FETTERMAN, JOHN, , ,       |                   | <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: PA |
| Calendar Year-To-Date<br>Per Election for Office Sought |                   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2022 <input type="checkbox"/> Other (specify) ▶ |                                                                                                                                                          |
|                                                         |                   |                                                                                                                                                   |                                                                                                                                                          |

|                                                         |                   |                                                                                                                                                   |                                                                                                                                                          |
|---------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br><b>ON MESSAGE INC.</b>            |                   | Date of Public Distribution/Dissemination<br>M M M / D D D / Y Y Y Y Y Y<br>06 / 03 / 2022                                                        |                                                                                                                                                          |
| Mailing Address 817 SLATERS LANE                        |                   | Amount<br>35000.00                                                                                                                                |                                                                                                                                                          |
| City<br>ALEXANDRIA                                      | State<br>VA       | Zip Code<br>22314                                                                                                                                 | <b>Transaction ID : SE24.0603.004</b>                                                                                                                    |
| Purpose of Expenditure<br>MEDIA                         | Category/<br>Type | Date of Disbursement or Obligation<br>M M M / D D D / Y Y Y Y Y Y<br>06 / 15 / 2022                                                               |                                                                                                                                                          |
| Name of Federal Candidate<br>FETTERMAN, JOHN, , ,       |                   | <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: PA |
| Calendar Year-To-Date<br>Per Election for Office Sought |                   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2022 <input type="checkbox"/> Other (specify) ▶ |                                                                                                                                                          |
|                                                         |                   |                                                                                                                                                   |                                                                                                                                                          |

|                                                                    |            |
|--------------------------------------------------------------------|------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | 1372774.24 |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ |            |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   | 1690777.53 |

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.

DAVIS, KEITH, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
06 / 15 / 2022

Signature