

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

NAME OF COMMITTEE (In Full) ARIZONA'S BOLD ERA PAC (ABE PAC)		FEC IDENTIFICATION NUMBER ▼ C C00832980	
Check if ☒ 24-hour report ☐ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee Strategic Media Placement Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2024		
Mailing Address 7669 Stagers Loop			Amount 9000.00		
City Delaware	State OH	Zip Code 43015	Transaction ID : SE.4411		
Purpose of Expenditure Media placement		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2024		
Name of Federal Candidate TRUMP, DONALD J., , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought		57375.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		

Full Name of Payee Strategic Media Placement Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2024		
Mailing Address 7669 Stagers Loop			Amount 9000.00		
City Delaware	State OH	Zip Code 43015	Transaction ID : SE.4412		
Purpose of Expenditure Media placement		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2024		
Name of Federal Candidate LAKE, KARI, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: AZ		
Calendar Year-To-Date Per Election for Office Sought		57375.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	18000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	18000.00

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.

Signature Wojciechowski, Maria, , ,

Date MM / DD / YYYY
11 / 02 / 2024