

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

NAME OF COMMITTEE (In Full) GOPAC Election Fund			FEC IDENTIFICATION NUMBER ▼ C C00559740		
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 MARTIN & BLAINE THE DIFFERENTIATORS			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 06 / 2024 M M / D D / Y Y Y Y Y Y		
Mailing Address PO BOX 17623			Amount 45426.51 M M / D D / Y Y Y Y Y Y		
City RALEIGH		State NC	Zip Code 27619		Transaction ID : SE24.16
Purpose of Expenditure DIRECT MAIL EXPENSE		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 08 / 2024 M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate MILLS, GREY, , ,			☒ Support ☐ Oppose		Office Sought: ☒ House District: 10 ☐ President ☐ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			503807.55 M M / D D / Y Y Y Y Y Y Disbursement For: ☒ Primary ☐ General ☐ 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 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			45426.51 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..... ▶			45426.51 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. Signature JOHNSON, MELODIE, , , Date M M / D D / Y Y Y Y Y Y 02 / 08 / 2024 M M / D D / Y Y Y Y Y Y					