

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

NAME OF COMMITTEE (In Full) DEFEND AMERICAN JOBS		FEC IDENTIFICATION NUMBER ▼ C C00836221
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Dockside Strategies LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 14 / 2024
Mailing Address 8 The Green Ste. 14712		Amount 10525.00
City Dover	State DE	Zip Code 19901
Purpose of Expenditure IE-Timmons-Media Production-ESTIMATE	Category/ Type 004	Transaction ID : SE.4237 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate TIMMONS, WILLIAM R, , IV		☒ Support ☐ Oppose
		Office Sought: ☒ House District: 04 ☐ President ☐ Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶
		695143.00

Full Name of Payee Main Street Media Group		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 14 / 2024
Mailing Address PO Box 25093		Amount 684618.00
City Alexandria	State VA	Zip Code 22313
Purpose of Expenditure IE-Timmons-Media Buy	Category/ Type 004	Transaction ID : SE.4236 Date of Disbursement or Obligation MM / DD / YYYY 05 / 13 / 2024
Name of Federal Candidate TIMMONS, WILLIAM R, , IV		☒ Support ☐ Oppose
		Office Sought: ☒ House District: 04 ☐ President ☐ Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶
		684618.00

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	695143.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	695143.00

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.

Lisker, Lisa, , ,

Signature

Date

MM / DD / YYYY
05 / 16 / 2024