

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Stand America PAC			FEC IDENTIFICATION NUMBER ▼ C C00720540	
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Cumulus Media			Date of Public Distribution/Dissemination 10 / 28 / 2024	
Mailing Address 4230 Faber PI Dr			Amount 210.00	
City North Charleston	State SC	Zip Code 29405	Transaction ID : SE.7176	
Purpose of Expenditure Radio Advertising		Category/ Type 	Date of Disbursement or Obligation 10 / 25 / 2024	
Name of Federal Candidate TRUMP, DONALD J., , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 2881.46		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
Full Name of Payee iHeart Media			Date of Public Distribution/Dissemination 10 / 28 / 2024	
Mailing Address PO Box 406372			Amount 1200.00	
City Atlanta	State GA	Zip Code 30384	Transaction ID : SE.7179	
Purpose of Expenditure Radio Advertising		Category/ Type 	Date of Disbursement or Obligation 10 / 28 / 2024	
Name of Federal Candidate TRUMP, DONALD J., , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought 11255.11		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1410.00	
(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.				
Signature Jackson, Theodora, , ,		Date 10 / 28 / 2024		

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Full Name of Payee Perry Broadcasting			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2024	
Mailing Address 6025 Broadcast Dr			Amount 510.00	
City N Augusta	State SC	Zip Code 29841	Transaction ID : SE.7177	
Purpose of Expenditure Radio Advertising		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2024	
Name of Federal Candidate TRUMP, DONALD J., , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought		10055.11	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

Full Name of Payee Urban One Inc			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2024	
Mailing Address 1010 Wayne Ave 14th Fl			Amount 1750.00	
City Silver Spring	State MD	Zip Code 20910	Transaction ID : SE.7180	
Purpose of Expenditure Radio Advertising		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2024	
Name of Federal Candidate TRUMP, DONALD J., , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		22508.90	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2260.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Jackson, Theodora, , ,

Signature

Date

MM / DD / YYYY
10 / 28 / 2024

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Full Name of Payee WGBN Power 1360		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2024
Mailing Address 6300 E Liberty Blvd		Amount 382.50
City Pittsburgh	State PA	Zip Code 15206
Purpose of Expenditure Radio Advertising	Category/ Type	Transaction ID : SE.7178 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2024
Name of Federal Candidate TRUMP, DONALD J., ,		Office Sought: ☒ Support ☐ Oppose ☒ President ☐ Senate State: PW
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate		Office Sought: ☐ Support ☐ Oppose ☐ President ☐ Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	382.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	4052.50

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.

Jackson, Theodora, , ,

Signature

Date

MM / DD / YYYY
10 / 28 / 2024