

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NRSC			FEC IDENTIFICATION NUMBER ▼ C C00027466	
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee WARFIELD & COMPANY			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 20 / 2022	
Mailing Address 3122 ROKEBY ROAD			Amount 51949.50	
City DELA PLANE	State VA	Zip Code 20144	Transaction ID : SE24.0520.001	
Purpose of Expenditure MEDIA		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2022	
Name of Federal Candidate WARNOCK, RAPHAEL, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought		1196349.50	Disbursement For: ☐ Primary ☒ General 2022 ☐ Other (specify) ▶	
Full Name of Payee FLEXPOINT MEDIA INC			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 20 / 2022	
Mailing Address PO BOX 1051			Amount 1144400.00	
City NEW ALBANY,	State OH	Zip Code 43054	Transaction ID : SE24.0520.002	
Purpose of Expenditure MEDIA		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 19 / 2022	
Name of Federal Candidate WARNOCK, RAPHAEL, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought		1196349.50	Disbursement For: ☐ Primary ☒ General 2022 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1196349.50	
(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 DAVIS, KEITH, , ,		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 05 / 22 / 2022	

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Full Name of Payee NATIONAL MEDIA		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2022	
Mailing Address 815 SLATERS LANE		Amount 717360.02	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.0520.003
Purpose of Expenditure MEDIA	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 19 / 2022	
Name of Federal Candidate BEASLEY, CHERI, ,		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: _____ State: NC	
Calendar Year-To-Date Per Election for Office Sought 2089046.76		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____	

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

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	717360.02
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	1913709.52

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
05 / 22 / 2022

Signature