24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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

Full Name of Payee
ADVANTAGE INC

Mailing Address 9420 BONITA BEACH ROAD SOUTHEAST
STE 200

City: BONITA SPRINGS | State: FL | Zip Code: 34135

Purpose of Expenditure
MESSAGE PHONE CALLS

Category/ Type

Date of Public Distribution/Dissemination
03 / 16 / 2024

Amount
12000.00

Transaction ID : SE24.28

Date of Disbursement or Obligation
03 / 15 / 2024

Name of Federal Candidate
BOST, MIKE, , ,

☒ Support ☐ Oppose

Office Sought: ☒ House ☐ President ☐ Senate District: 12 State: IL

Calendar Year-To-Date Per Election for Office Sought
12000.00

Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶

Full Name of Payee

Mailing Address

City | State | Zip Code

Purpose of Expenditure

Category/ Type

Date of Public Distribution/Dissemination

Amount

Date of Disbursement or Obligation

Name of Federal Candidate

☐ Support ☐ Oppose

Office Sought: ☐ House ☐ 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 ▶ 12000.00

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures ▶ 12000.00

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.

JOHNSON, MELODIE, , ,
Signature

Date 03 / 17 / 2024