

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					
Full Name of Payee STRATEGIC MEDIA DELIVERY LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 27 / 2024		
Mailing Address 4441 SIX FORKS ROAD			Amount 260000.00		
City RALEIGH	State NC	Zip Code 27609	Transaction ID : SE24.27 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 26 / 2024		
Purpose of Expenditure MEDIA		Category/ Type	Name of Federal Candidate HARRIGAN, PAT, , , ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 1502640.10			Office Sought: ☒ House District: 10 ☐ President ☐ Senate State: NC 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		
Mailing Address			Amount 		
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
Purpose of Expenditure		Category/ Type	Name of Federal Candidate		
Calendar Year-To-Date Per Election for Office Sought			Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____ Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			260000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			260000.00		
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.					
Signature JOHNSON, MELODIE, , ,			Date M M / D D / Y Y Y Y Y Y 02 / 27 / 2024		