

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 MM / DD / YYYY					
Full Name of Payee RED SURGE STRATEGIES			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address 16192 COASTAL HIGHWAY			Amount 10262.00		
City LEWES		State DE	Zip Code 19958-3608		Transaction ID : SE24.31
Purpose of Expenditure DIRECT MAIL		Category/ Type		Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate REEVES, LEE, , ,			☒ Support ☐ Oppose		Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: TN
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General 2025 ☒ Other (specify) ► SPECIAL PRIMARY		
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: ☐ House District: _____ ☐ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ► _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ► 10262.00 (b) SUBTOTAL of Unitemized Independent Expenditures ► (c) TOTAL Independent Expenditures..... ► 10262.00					
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 MM / DD / YYYY		