

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

NAME OF COMMITTEE (In Full) COMMITTED TO AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ C C00839464		
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 M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee CONSERVATIVE CLICKS			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2023 M M M / D D D / Y Y Y Y Y Y		
Mailing Address PO BOX 20804			Amount 20000.00		
City State Zip Code CHARLESTON SC 29413-0804		Transaction ID : E5BA4BA238FF14DBE9DC Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2023 M M M / D D D / Y Y Y Y Y Y			
Purpose of Expenditure VOTER CONTACT: EMAIL CAMPAIGN		Category/ Type			
Name of Federal Candidate PENCE, MICHAEL, R., ,		☒ Support ☐ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		482957.34		Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶	
Full Name of Payee			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y		
Mailing Address			Amount 		
City State Zip Code		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y			
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..... ▶			20000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			20000.00		
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. <u>HUGO, DEREK, SCOTT, ,</u> Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2023 M M M / D D D / Y Y Y Y Y Y					