

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

NAME OF COMMITTEE (In Full) BUCKEYE VALUES PAC			FEC IDENTIFICATION NUMBER ▼ C C00834630		
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 TARGET ENTERPRISES, LLC			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2024 M M M / D D D / Y Y Y Y Y Y		
Mailing Address 15260 VENTURA BLVD			Amount 750000.00		
City SHERMAN OAKS		State CA	Zip Code 91403		Transaction ID : 24E.1
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 11 / 2024 M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate BROWN, SHERROD, , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: OH
Calendar Year-To-Date Per Election for Office Sought			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		Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____	
Name of Federal Candidate			☐ Support ☐ Oppose		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			750000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			750000.00		
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 MELTON, KAYLEN, , ,			Date M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2024 M M M / D D D / Y Y Y Y Y Y		