

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) SAG PAC INC.		FEC IDENTIFICATION NUMBER ▼ C C00881805	
Check if ☒ 24-hour report ☐ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee DEL RAY MEDIA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2024	
Mailing Address PO BOX 1309		Amount 105933.00	
City ALEXANDRIA	State VA	Zip Code 22313	Transaction ID : SE.4186
Purpose of Expenditure PLACED MEDIA: CONNECTED TV		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2024
Name of Federal Candidate HARRIS, KAMALA, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		7093781.03	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee DEL RAY MEDIA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2024	
Mailing Address PO BOX 1309		Amount 247177.00	
City ALEXANDRIA	State VA	Zip Code 22313	Transaction ID : SE.4187
Purpose of Expenditure PLACED MEDIA: CONNECTED TV		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2024
Name of Federal Candidate TRUMP, DONALD J., , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		7340958.03	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	353110.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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.

GANTT, CHARLES, , ,

Signature

Date

MM / DD / YYYY
10 / 31 / 2024

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) SAG PAC INC.		FEC IDENTIFICATION NUMBER ▼ C C00881805
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee THE STRATEGY GROUP FOR MEDIA INC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2024
Mailing Address 7669 STAGERS LOOP		Amount 4200.00
City DELAWARE	State OH	Zip Code 43015
Purpose of Expenditure PRODUCTION COST: CONNECTED TV AD	Category/ Type	Transaction ID : SE.4184 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2024
Name of Federal Candidate TRUMP, DONALD J., , ,	☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee THE STRATEGY GROUP FOR MEDIA INC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2024
Mailing Address 7669 STAGERS LOOP		Amount 1800.00
City DELAWARE	State OH	Zip Code 43015
Purpose of Expenditure PRODUCTION COST: CONNECTED TV AD	Category/ Type	Transaction ID : SE.4185 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2024
Name of Federal Candidate HARRIS, KAMALA, , ,	☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	359110.00

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.

GANTT, CHARLES, , ,

Signature

Date

MM / DD / YYYY
10 / 31 / 2024