

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 7
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Republican Accountability PAC		FEC IDENTIFICATION NUMBER ▼ C C00804856	
Check if ☒ 24-hour report ☐ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee Divvy		Date of Public Distribution/Dissemination 10 / 21 / 2024	
Mailing Address 13707 S 200 W Ste 100		Amount 137056.67	
City Draper	State UT	Zip Code 84020-2443	Transaction ID : E25BF9F8E0AF34CC48ED
Purpose of Expenditure Advertising-Broadcast TV		Category/ Type	Date of Disbursement or Obligation 10 / 15 / 2024
Name of Federal Candidate Trump, Donald, J, ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		32292749.99	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee Divvy		Date of Public Distribution/Dissemination 10 / 21 / 2024	
Mailing Address 13707 S 200 W Ste 100		Amount 137056.67	
City Draper	State UT	Zip Code 84020-2443	Transaction ID : E7AD4C68B494548C69C1
Purpose of Expenditure Advertising-Broadcast TV		Category/ Type	Date of Disbursement or Obligation 10 / 15 / 2024
Name of Federal Candidate Harris, Kamala, D., Hon.,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		32292749.99	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) **SUBTOTAL** of Itemized Independent Expenditures..... ▶ 274113.34

(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.

Longwell, Sarah, , ,

Signature

Date

10 / 22 / 2024

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 7
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Republican Accountability PAC		FEC IDENTIFICATION NUMBER ▼ C C00804856
Check if ☒ 24-hour report ☐ 48-hour report		☒ New report ☐ Amends report filed on

Full Name of Payee Hearst Corporation		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2024
Mailing Address 3540 Toringdon Way		Amount 32300.00
City Charlotte	State NC	Zip Code 28277-3867
Purpose of Expenditure Advertising-Broadcast TV	Category/ Type	Transaction ID : EBD460D50878E4AA5927 Date of Disbursement or Obligation MM / DD / YYYY 10 / 15 / 2024
Name of Federal Candidate Trump, Donald, J, ,		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee Hearst Corporation		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2024
Mailing Address 3540 Toringdon Way		Amount 32512.50
City Charlotte	State NC	Zip Code 28277-3867
Purpose of Expenditure Advertising-Broadcast TV	Category/ Type	Transaction ID : E025047DF4F32431CA05 Date of Disbursement or Obligation MM / DD / YYYY 10 / 15 / 2024
Name of Federal Candidate Harris, Kamala, D., Hon.,		Office Sought: ☐ House District: 00 ☒ 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..... ▶	64812.50
(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.

Longwell, Sarah, , ,

Signature

Date

MM / DD / YYYY
10 / 22 / 2024

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 7
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Republican Accountability PAC		FEC IDENTIFICATION NUMBER ▼ C C00804856	
Check if ☒ 24-hour report ☐ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee Hearst Corporation		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2024	
Mailing Address 3540 Toringdon Way		Amount 32512.50	
City Charlotte	State NC	Zip Code 28277-3867	Transaction ID : EDF885F9867C149A49AA
Purpose of Expenditure Advertising-Broadcast TV		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 15 / 2024
Name of Federal Candidate Trump, Donald, J, ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		32292749.99	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee Hearst Corporation		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2024	
Mailing Address 3540 Toringdon Way		Amount 32300.00	
City Charlotte	State NC	Zip Code 28277-3867	Transaction ID : E0821794373E54428805
Purpose of Expenditure Advertising-Broadcast TV		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 15 / 2024
Name of Federal Candidate Harris, Kamala, D., Hon.,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		32292749.99	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	64812.50
(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.

Longwell, Sarah, , ,

Signature

Date

MM / DD / YYYY
10 / 22 / 2024

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 4 OF 7
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Republican Accountability PAC		FEC IDENTIFICATION NUMBER ▼ C C00804856
Check if ☒ 24-hour report ☐ 48-hour report		☒ New report ☐ Amends report filed on

Full Name of Payee Longwell Partners Inc. X		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2024
Mailing Address 1100 Vermont Ave NW FI 10		Amount 48188.06
City Washington	State DC	Zip Code 20005-6327
Purpose of Expenditure Advertising-Broadcast TV	Category/ Type	Transaction ID : E7123210A4F56433A9A4 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Trump, Donald, J, , ☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 32292749.99		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

Full Name of Payee Longwell Partners Inc. X		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2024
Mailing Address 1100 Vermont Ave NW FI 10		Amount 48188.07
City Washington	State DC	Zip Code 20005-6327
Purpose of Expenditure Advertising-Broadcast TV	Category/ Type	Transaction ID : E79C86AE1FFDB4784BB4 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Harris, Kamala, D., Hon., ☒ Support ☐ Oppose		Office Sought: ☐ House District: <u>00</u> ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 32292749.99		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(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.

Longwell, Sarah, , ,

Signature

Date

MM / DD / YYYY
10 / 22 / 2024

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 5 OF 7
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Republican Accountability PAC		FEC IDENTIFICATION NUMBER ▼ C C00804856
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Media Payments		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2024	
Mailing Address 3 W Paces Ferry Rd NW Ste 200		Amount 99141.88	
City Atlanta	State GA	Zip Code 30305-1373	Transaction ID : E23286A8A891240F8A73
Purpose of Expenditure Advertising-Broadcast TV		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2024
Name of Federal Candidate Harris, Kamala, D., Hon.,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

Full Name of Payee Media Payments		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2024	
Mailing Address 3 W Paces Ferry Rd NW Ste 200		Amount 99141.87	
City Atlanta	State GA	Zip Code 30305-1373	Transaction ID : E65FEFB698A00430F8FE
Purpose of Expenditure Advertising-Broadcast TV		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2024
Name of Federal Candidate Trump, Donald, J.,		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☒ 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..... ▶	198283.75
(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.

Longwell, Sarah, , ,

Signature

Date

MM / DD / YYYY
10 / 22 / 2024

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 6 OF 7
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Republican Accountability PAC			FEC IDENTIFICATION NUMBER ▼ C C00804856		
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 NBC/Comcast Corp.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 21 / 2024		
Mailing Address 2 William T Morrissey Blvd			Amount 15512.50		
City Dorchester		State MA	Zip Code 02125-3312		Transaction ID : E4D9875F26F7A494389C
Purpose of Expenditure Advertising-Broadcast TV		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 15 / 2024	
Name of Federal Candidate Harris, Kamala, D., Hon.,			☒ Support ☐ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 32292749.99			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee NBC/Comcast Corp.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 21 / 2024		
Mailing Address 2 William T Morrissey Blvd			Amount 15512.50		
City Dorchester		State MA	Zip Code 02125-3312		Transaction ID : E6CE97B3621D040FA87D
Purpose of Expenditure Advertising-Broadcast TV		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 15 / 2024	
Name of Federal Candidate Trump, Donald, J. ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 32292749.99			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			31025.00		
(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.					
Signature Longwell, Sarah, , ,			Date M M / D D / Y Y Y Y Y Y 10 / 22 / 2024		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 7 OF 7
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Republican Accountability PAC		FEC IDENTIFICATION NUMBER ▼ C C00804856	
Check if ☒ 24-hour report ☐ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee WPVI Television - Philadelphia LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2024	
Mailing Address 4100 City Ave		Amount 93075.00	
City Philadelphia	State PA	Zip Code 19131-1610	Transaction ID : ECB4EF339B8A5426F807
Purpose of Expenditure Advertising-Broadcast TV		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 15 / 2024
Name of Federal Candidate Trump, Donald, J, ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		32292749.99	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee WPVI Television - Philadelphia LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2024	
Mailing Address 4100 City Ave		Amount 93075.00	
City Philadelphia	State PA	Zip Code 19131-1610	Transaction ID : ED48008781F3E4FAC9DF
Purpose of Expenditure Advertising-Broadcast TV		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 15 / 2024
Name of Federal Candidate Harris, Kamala, D., Hon.,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		32292749.99	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	186150.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	819197.09

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.

Longwell, Sarah, , ,

Signature

Date

MM / DD / YYYY
10 / 22 / 2024