

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

|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                      |                                                                                                                                                                                                                                            |                                                                                                                                                         |                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>The American Foundations Committee</b>                                                                                                                                                                                                                                                                                    |  |                                                                                                      | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00514125</div>                                                                                                  |                                                                                                                                                         |                                                                                                                                                             |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                                                          |  |                                                                                                      |                                                                                                                                                                                                                                            |                                                                                                                                                         |                                                                                                                                                             |
| Full Name of Payee<br>Total Video Placements                                                                                                                                                                                                                                                                                                                |  |                                                                                                      | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br>02 / 22 / 2024                                                                             |                                                                                                                                                         |                                                                                                                                                             |
| Mailing Address 6530 W Campus Oval<br>STE 175                                                                                                                                                                                                                                                                                                               |  |                                                                                                      | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">3900.00</div>                                                                                                                                         |                                                                                                                                                         |                                                                                                                                                             |
| City<br>New Albany                                                                                                                                                                                                                                                                                                                                          |  | State<br>OH                                                                                          | Zip Code<br>43054                                                                                                                                                                                                                          |                                                                                                                                                         | Transaction ID : SE.4677                                                                                                                                    |
| Purpose of Expenditure<br>Digital Media                                                                                                                                                                                                                                                                                                                     |  | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> |                                                                                                                                                                                                                                            | Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br>02 / 21 / 2024 |                                                                                                                                                             |
| Name of Federal Candidate<br>DAUGHTRY, KELLY, , ,                                                                                                                                                                                                                                                                                                           |  |                                                                                                      | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose                                                                                                                                                             |                                                                                                                                                         | Office Sought: <input checked="" type="checkbox"/> House    District: 13<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: NC |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |  |                                                                                                      | <div style="border: 1px solid black; padding: 2px; display: inline-block;">653725.69</div><br>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ |                                                                                                                                                         |                                                                                                                                                             |
| Full Name of Payee<br>Total Video Placements                                                                                                                                                                                                                                                                                                                |  |                                                                                                      | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br>02 / 22 / 2024                                                                             |                                                                                                                                                         |                                                                                                                                                             |
| Mailing Address 6530 W Campus Oval<br>STE 175                                                                                                                                                                                                                                                                                                               |  |                                                                                                      | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">3900.00</div>                                                                                                                                         |                                                                                                                                                         |                                                                                                                                                             |
| City<br>New Albany                                                                                                                                                                                                                                                                                                                                          |  | State<br>OH                                                                                          | Zip Code<br>43054                                                                                                                                                                                                                          |                                                                                                                                                         | Transaction ID : SE.4678                                                                                                                                    |
| Purpose of Expenditure<br>Digital Media                                                                                                                                                                                                                                                                                                                     |  | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> |                                                                                                                                                                                                                                            | Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br>02 / 21 / 2024 |                                                                                                                                                             |
| Name of Federal Candidate<br>VON CANON, FRED, , ,                                                                                                                                                                                                                                                                                                           |  |                                                                                                      | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose                                                                                                                                                             |                                                                                                                                                         | Office Sought: <input checked="" type="checkbox"/> House    District: 13<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: NC |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |  |                                                                                                      | <div style="border: 1px solid black; padding: 2px; display: inline-block;">657625.69</div><br>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ |                                                                                                                                                         |                                                                                                                                                             |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                    |  |                                                                                                      | <div style="border: 1px solid black; padding: 2px; display: inline-block;">7800.00</div>                                                                                                                                                   |                                                                                                                                                         |                                                                                                                                                             |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶                                                                                                                                                                                                                                                                                                 |  |                                                                                                      | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>                                                                                                                                                         |                                                                                                                                                         |                                                                                                                                                             |
| (c) TOTAL Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                                   |  |                                                                                                      | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>                                                                                                                                                         |                                                                                                                                                         |                                                                                                                                                             |
| 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<br><br>Sturges, Boyd, , ,                                                                                                                                                                                                                                                                                                                         |  |                                                                                                      | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br>02 / 22 / 2024                                                                                                                     |                                                                                                                                                         |                                                                                                                                                             |

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|                                                                                                                                                                                                    |                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>The American Foundations Committee</b>                                                                                                                           | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00514125 |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |                                                   |

|                                                         |             |                                                                                |                                                                                                                                                             |  |
|---------------------------------------------------------|-------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Full Name of Payee<br>Total Video Placements            |             |                                                                                | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>02 / 22 / 2024                                                                               |  |
| Mailing Address 6530 W Campus Oval<br>STE 175           |             |                                                                                | Amount<br>70977.00                                                                                                                                          |  |
| City<br>New Albany                                      | State<br>OH | Zip Code<br>43054                                                              | Transaction ID : SE.4679                                                                                                                                    |  |
| Purpose of Expenditure<br>Broadcast Media               |             | Category/<br>Type                                                              | Date of Disbursement or Obligation<br>MM / DD / YYYY<br>02 / 21 / 2024                                                                                      |  |
| Name of Federal Candidate<br>DAUGHTRY, KELLY, , ,       |             | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House    District: 13<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: NC |  |
| Calendar Year-To-Date<br>Per Election for Office Sought |             | 578848.69                                                                      | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶           |  |

|                                                         |             |                                                                                |                                                                                                                                                             |  |
|---------------------------------------------------------|-------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Full Name of Payee<br>Total Video Placements            |             |                                                                                | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>02 / 22 / 2024                                                                               |  |
| Mailing Address 6530 W Campus Oval<br>STE 175           |             |                                                                                | Amount<br>70977.00                                                                                                                                          |  |
| City<br>New Albany                                      | State<br>OH | Zip Code<br>43054                                                              | Transaction ID : SE.4680                                                                                                                                    |  |
| Purpose of Expenditure<br>Broadcast Media               |             | Category/<br>Type                                                              | Date of Disbursement or Obligation<br>MM / DD / YYYY<br>02 / 21 / 2024                                                                                      |  |
| Name of Federal Candidate<br>VON CANON, FRED, , ,       |             | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House    District: 13<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: NC |  |
| Calendar Year-To-Date<br>Per Election for Office Sought |             | 649825.69                                                                      | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶           |  |

|                                                                    |           |
|--------------------------------------------------------------------|-----------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | 141954.00 |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ |           |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   | 149754.00 |

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 Sturges, Boyd, , ,

Date MM / DD / YYYY  
02 / 22 / 2024