

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) ESAFund			FEC IDENTIFICATION NUMBER ▼ C C00489856		
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 Axiom Strategies			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2024		
Mailing Address 800 W. 47th Street Suite 200			Amount 68274.00		
City Kansas City		State MO	Zip Code 64112		Transaction ID : SE.8185
Purpose of Expenditure direct mail services		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 23 / 2024	
Name of Federal Candidate Osborn, Dan, , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NE
Calendar Year-To-Date Per Election for Office Sought 2568870.36			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
Full Name of Payee Axiom Strategies			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2024		
Mailing Address 800 W. 47th Street Suite 200			Amount 68274.00		
City Kansas City		State MO	Zip Code 64112		Transaction ID : SE.8186
Purpose of Expenditure ditect mail services		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 23 / 2024	
Name of Federal Candidate Fischer, Debra S., , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NE
Calendar Year-To-Date Per Election for Office Sought 2500596.36			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			136548.00		
(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 Watkins, Nancy H., , ,			Date M M / D D / Y Y Y Y Y Y 10 / 24 / 2024		

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NAME OF COMMITTEE (In Full) ESAFund		FEC IDENTIFICATION NUMBER ▼ C C00489856	
Check if ☒ 24-hour report ☐ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee AxMedia LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2024		
Mailing Address 800 W. 47th Street Suite 200			Amount 372683.68		
City Kansas City	State MO	Zip Code 64112	Transaction ID : SE.8193		
Purpose of Expenditure media placement		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2024		
Name of Federal Candidate Fischer, Debra S., ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NE		
Calendar Year-To-Date Per Election for Office Sought		2941554.04	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		

Full Name of Payee AxMedia LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2024		
Mailing Address 800 W. 47th Street Suite 200			Amount 124227.90		
City Kansas City	State MO	Zip Code 64112	Transaction ID : SE.8194		
Purpose of Expenditure media placement		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2024		
Name of Federal Candidate Osborn, Dan, ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought		124227.90	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	496911.58
(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 _____
Watkins, Nancy H., ,

Date MM / DD / YYYY
10 / 24 / 2024

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NAME OF COMMITTEE (In Full) ESAFund		FEC IDENTIFICATION NUMBER ▼ C C00489856	
Check if ☒ 24-hour report ☐ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee McCarthy Hennings Media, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2024	
Mailing Address 1850 M Street, N.W., #235		Amount 23088.37	
City Washington	State DC	Zip Code 20004	Transaction ID : SE.8181
Purpose of Expenditure media production		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2024
Name of Federal Candidate Fischer, Debra S., ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NE
Calendar Year-To-Date Per Election for Office Sought		2424626.24	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee McCarthy Hennings Media, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2024	
Mailing Address 1850 M Street, N.W., #235		Amount 7696.12	
City Washington	State DC	Zip Code 20004	Transaction ID : SE.8182
Purpose of Expenditure media production		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2024
Name of Federal Candidate Osborn, Dan, ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NE
Calendar Year-To-Date Per Election for Office Sought		2432322.36	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	30784.49
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	664244.07

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.

Watkins, Nancy H., ,

Signature

Date

MM / DD / YYYY
10 / 24 / 2024