

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

NAME OF COMMITTEE (In Full) NRSC			FEC IDENTIFICATION NUMBER ▼ C C00027466		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y					
Full Name of Payee FP1 STRATEGIES			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 09 / 2024 M M / D D / Y Y Y Y Y Y		
Mailing Address 3001 WASHINGTON BLVD 7TH FLOOR			Amount 5000.00		
City ARLINGTON		State VA	Zip Code 22201		Transaction ID : SE24.M9.005
Purpose of Expenditure MEDIA		Category/Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 09 / 2024 M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate SLOTKIN, ELISSA, ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought			1290738.88 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee FP1 STRATEGIES			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 09 / 2024 M M / D D / Y Y Y Y Y Y		
Mailing Address 3001 WASHINGTON BLVD 7TH FLOOR			Amount 18750.00		
City ARLINGTON		State VA	Zip Code 22201		Transaction ID : SE24.M9.006
Purpose of Expenditure MEDIA		Category/Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 09 / 2024 M M / 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			116627.00 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			23750.00		
(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 DAVIS, KEITH, , ,			Date M M / D D / Y Y Y Y Y Y 08 / 11 / 2024 M M / D D / Y Y Y Y Y Y		

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Full Name of Payee FP1 STRATEGIES		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 09 / 2024
Mailing Address 3001 WASHINGTON BLVD 7TH FLOOR		Amount 6250.00
City ARLINGTON	State VA	Zip Code 22201
Purpose of Expenditure MEDIA	Category/ Type	Transaction ID : SE24.M9.007 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 09 / 2024
Name of Federal Candidate MORENO, BERNIE, , ,		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 FLEXPOINT MEDIA INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 09 / 2024
Mailing Address PO BOX 1051		Amount 68720.25
City NEW ALBANY	State OH	Zip Code 43054
Purpose of Expenditure MEDIA	Category/ Type	Transaction ID : SE24.M9.008 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 09 / 2024
Name of Federal Candidate BROWN, SHERROD, , ,		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	74970.25
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Signature
DAVIS, KEITH, , ,

Date

M M M / D D D / Y Y Y Y Y Y

08 / 11 / 2024

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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Full Name of Payee FLEXPOINT MEDIA INC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 09 / 2024
Mailing Address PO BOX 1051		Amount 22906.75
City NEW ALBANY	State OH	Zip Code 43054
Purpose of Expenditure MEDIA	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 09 / 2024
Name of Federal Candidate MORENO, BERNIE, , ,		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____
116627.00		

Full Name of Payee		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Name of Federal Candidate		Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	22906.75
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	121627.00

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DAVIS, KEITH, , ,

Signature

Date

M M / D D / Y Y Y Y Y Y

08 / 11 / 2024