

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

NAME OF COMMITTEE (In Full) NEVER BACK DOWN, INC.	FEC IDENTIFICATION NUMBER ▼ C C00834077
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 AXMEDIA			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 04 / 2023	
Mailing Address NATIONWIDE 800 W. 47TH STREET STE 200			Amount 910926.00	
City KANSAS CITY	State MO	Zip Code 64112	Transaction ID : SE24.209	
Purpose of Expenditure MEDIA		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 30 / 2023	
Name of Federal Candidate DESANTIS, RON, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		33554280.01	Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶	

Full Name of Payee POLITICAL MAIL NETWORK			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 04 / 2023	
Mailing Address NATIONWIDE 12195 HIGHWAY 92 STE 114 #384			Amount 14863.16	
City WOODSTOCK	State GA	Zip Code 30188	Transaction ID : SE24.212	
Purpose of Expenditure PRINTING		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 04 / 2023	
Name of Federal Candidate DESANTIS, RON, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		33554280.01	Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	925789.16
(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.

HOBBS, CABELL, , ,

Signature

Date

M M / D D / Y Y Y Y Y Y
12 / 06 / 2023

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(Schedule E)PAGE 2 OF 2
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NAME OF COMMITTEE (In Full) NEVER BACK DOWN, INC.	FEC IDENTIFICATION NUMBER ▼ C C00834077
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Full Name of Payee POOLHOUSE AGENCY LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 04 / 2023	
Mailing Address NATIONWIDE 23 WEST BROAD STREET STE. 302			Amount 10322.00	
City RICHMOND	State VA	Zip Code 23241	Transaction ID : SE24.210	
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 30 / 2023	
Name of Federal Candidate DESANTIS, RON, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		33554280.01	Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶	

Full Name of Payee US POSTMASTER			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 04 / 2023	
Mailing Address NATIONWIDE 1290 GRESHAM ROAD			Amount 9557.99	
City MARIETTA	State GA	Zip Code 30062	Transaction ID : SE24.211	
Purpose of Expenditure POSTAGE		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 04 / 2023	
Name of Federal Candidate DESANTIS, RON, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		33554280.01	Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	19879.99
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	945669.15

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.

HOBBS, CABELL, , ,

Signature

Date

M M / D D / Y Y Y Y Y Y
12 / 06 / 2023