

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

NAME OF COMMITTEE (In Full) RIGHT FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00867036		
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 HARRIS MEDIA LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 25 / 2024		
Mailing Address 66 WEST FLAGLER STREET, UNIT PH-1			Amount 2250000.00		
City MIAMI		State FL	Zip Code 33130		Transaction ID : SE24.1111
Purpose of Expenditure MEDIA: DIGITAL		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 17 / 2024	
Name of Federal Candidate HARRIS, KAMALA, , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 54855549.50			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee RED EAGLE MEDIA			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 29 / 2024		
Mailing Address 815 SLATERS LANE			Amount 4750253.58		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24.1108
Purpose of Expenditure MEDIA: TELEVISION		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 17 / 2024	
Name of Federal Candidate TRUMP, DONALD, J., ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 54855549.50			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			7000253.58		
(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 RIZZUTO, LEANDRO, , ,			Date M M / D D / Y Y Y Y Y Y 10 / 18 / 2024		

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Full Name of Payee RED EAGLE MEDIA			Date of Public Distribution/Dissemination 10 / 29 / 2024	
Mailing Address 815 SLATERS LANE			Amount 2408207.43	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.1109	
Purpose of Expenditure MEDIA: TELEVISION		Category/ Type	Date of Disbursement or Obligation 10 / 17 / 2024	
Name of Federal Candidate HARRIS, KAMALA, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		54855549.50	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

Full Name of Payee RED EAGLE MEDIA			Date of Public Distribution/Dissemination 10 / 18 / 2024	
Mailing Address 815 SLATERS LANE			Amount 21750.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.1112	
Purpose of Expenditure MEDIA: TELEVISION		Category/ Type	Date of Disbursement or Obligation 10 / 18 / 2024	
Name of Federal Candidate HARRIS, KAMALA, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		54855549.50	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2429957.43
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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RIZZUTO, LEANDRO, , ,

Signature

Date

10 / 18 / 2024

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Full Name of Payee WERPOLITICS, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2024
Mailing Address 21411 UPPERMONT LANE		Amount 60250.00
City GAITHERSBURG	State MD	Zip Code 20882
Purpose of Expenditure MEDIA: TELEVISION/DIGITAL	Category/ Type	Transaction ID : SE24.1110 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2024
Name of Federal Candidate HARRIS, KAMALA, , , ☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 54855549.50		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate ☐ Support ☐ Oppose		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..... ▶	60250.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	9490461.01

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.

RIZZUTO, LEANDRO, , ,

Signature

Date

MM / DD / YYYY
10 / 18 / 2024