

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

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</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="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div>					
Full Name of Payee MVAR Media LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">04</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">05</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2024</div>		
Mailing Address 1421 Prince St Ste 320			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">3225.00</div>		
City Alexandria		State VA	Zip Code 22314-2805		<b>Transaction ID : 500176053</b>
Purpose of Expenditure Ad Production (Estimate)		Category/ Type <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div>	
Name of Federal Candidate BIDEN, JOSEPH R JR, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: PA
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">4336.40</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Bully Pulpit Interactive			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">04</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">05</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2024</div>		
Mailing Address 1445 New York Ave NW FI 5			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">1111.40</div>		
City Washington		State DC	Zip Code 20005-2267		<b>Transaction ID : 500176054</b>
Purpose of Expenditure Media Buy and Ad Servicing (Estimate)		Category/ Type <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div>	
Name of Federal Candidate BIDEN, JOSEPH R JR, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: PA
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">4336.40</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">4336.40</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></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  McLean, Chauncey, , ,			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">04</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">06</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2024</div>		

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

NAME OF COMMITTEE (In Full) <b>FF PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00669259
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		MM / DD / YYYY

Full Name of Payee MVAR Media LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 05 / 2024
Mailing Address 1421 Prince St Ste 320		Amount 12900.00
City Alexandria	State VA	Zip Code 22314-2805
Purpose of Expenditure Ad Production (Estimate)	Category/ Type	Transaction ID : 500176055 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate BIDEN, JOSEPH R JR, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Bully Pulpit Interactive		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 05 / 2024
Mailing Address 1445 New York Ave NW FI 5		Amount 4445.60
City Washington	State DC	Zip Code 20005-2267
Purpose of Expenditure Media Buy and Ad Servicing (Estimate)	Category/ Type	Transaction ID : 500176056 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate BIDEN, JOSEPH R JR, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	17345.60
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	21682.00

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.

McLean, Chauncey, , ,

Signature

Date

MM / DD / YYYY  
04 / 06 / 2024