

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

NAME OF COMMITTEE (In Full) TEAM WEST VIRGINIA		FEC IDENTIFICATION NUMBER ▼ C C00839159
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee 360 Touch		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 24 / 2024
Mailing Address PO Box 982467		Amount 67082.40
City Park City	State UT	Zip Code 84068
Purpose of Expenditure IE-Justice-Media Buy	Category/ Type 004	Transaction ID : SE.4192 Date of Disbursement or Obligation MM / DD / YYYY 04 / 19 / 2024
Name of Federal Candidate JUSTICE, JAMES CONLEY II, , ,		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: WV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶

Full Name of Payee 360 Touch		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 24 / 2024
Mailing Address PO Box 982467		Amount 24393.60
City Park City	State UT	Zip Code 84068
Purpose of Expenditure IE-Trump-Media Buy	Category/ Type 004	Transaction ID : SE.4193 Date of Disbursement or Obligation MM / DD / YYYY 04 / 19 / 2024
Name of Federal Candidate TRUMP, DONALD J., , ,		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: WV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	91476.00
(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.

Lisker, Lisa, , ,

Signature

Date

MM / DD / YYYY
04 / 26 / 2024

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

NAME OF COMMITTEE (In Full) TEAM WEST VIRGINIA	FEC IDENTIFICATION NUMBER ▼ C C00839159
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y	

Full Name of Payee DMM Media			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 04 / 24 / 2024	
Mailing Address 8588 Richmond Hwy Ste. 90546			Amount 3000.00	
City Alexandria	State VA	Zip Code 22309	Transaction ID : SE.4190	
Purpose of Expenditure IE-Justice-Media Production		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y 04 / 24 / 2024	
Name of Federal Candidate JUSTICE, JAMES CONLEY II, ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: WV	
Calendar Year-To-Date Per Election for Office Sought		301265.59	Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶	

Full Name of Payee DMM Media			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 04 / 24 / 2024	
Mailing Address 8588 Richmond Hwy Ste. 90546			Amount 3000.00	
City Alexandria	State VA	Zip Code 22309	Transaction ID : SE.4191	
Purpose of Expenditure IE-Trump-Media Production		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y 04 / 24 / 2024	
Name of Federal Candidate TRUMP, DONALD J., ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: WV	
Calendar Year-To-Date Per Election for Office Sought		27393.60	Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	97476.00

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.

Lisker, Lisa, ,
Signature

Date M M / D D / Y Y Y Y
04 / 26 / 2024