

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

NAME OF COMMITTEE (In Full) DSCC		FEC IDENTIFICATION NUMBER ▼ C C00042366	
Check if ☐ 24-hour report ☒ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee Bryson Gillette, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 12 / 2024		
Mailing Address 10 E Yanonali St			Amount 10800.00		
City Santa Barbara	State CA	Zip Code 93101-1875	Transaction ID : 500012514		
Purpose of Expenditure Media Production		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 11 / 2024		
Name of Federal Candidate McCormick, Dave, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought		10006757.69	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		

Full Name of Payee Bryson Gillette, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 12 / 2024		
Mailing Address 10 E Yanonali St			Amount 12000.00		
City Santa Barbara	State CA	Zip Code 93101-1875	Transaction ID : 500012515		
Purpose of Expenditure Media Production - estimated cost		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 11 / 2024		
Name of Federal Candidate McCormick, Dave, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought		10006757.69	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	22800.00
(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.

Wright, Allison, , ,

Signature

Date

MM / DD / YYYY
10 / 14 / 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) DSCC		FEC IDENTIFICATION NUMBER ▼ C C00042366	
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY	

Full Name of Payee MVAR Media		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 12 / 2024	
Mailing Address 1421 Prince St Ste 320		Amount 46800.00	
City Alexandria	State VA	Zip Code 22314-2805	Transaction ID : 500012516
Purpose of Expenditure Media Buy	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 10 / 2024	
Name of Federal Candidate McCormick, Dave, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		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	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
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..... ▶	46800.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	69600.00

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.

Wright, Allison, , ,

Signature

Date

MM / DD / YYYY
10 / 14 / 2024