

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

NAME OF COMMITTEE (In Full) NRSC			FEC IDENTIFICATION NUMBER ▼ C C00027466		
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 FP1 STRATEGIES			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 07 / 2024		
Mailing Address 3001 WASHINGTON BLVD 7TH FLOOR			Amount 35000.00		
City ARLINGTON		State VA	Zip Code 22201		Transaction ID : SE24.M9.001
Purpose of Expenditure MEDIA		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 06 / 2024	
Name of Federal Candidate SLOTKIN, ELISSA, , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 1285738.88			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee GEN2 SOLUTIONS LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 07 / 2024		
Mailing Address 3001 WASHINGTON BLVD 7TH FLOOR			Amount 530072.38		
City ARLINGTON		State VA	Zip Code 22201		Transaction ID : SE24.M9.002
Purpose of Expenditure MEDIA		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 06 / 2024	
Name of Federal Candidate SLOTKIN, ELISSA, , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 1285738.88			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			565072.38		
(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 DAVIS, KEITH, , ,			Date M M / D D / Y Y Y Y Y Y 08 / 09 / 2024		

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(Schedule E)PAGE 2 OF 2
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NAME OF COMMITTEE (In Full) NRSC		FEC IDENTIFICATION NUMBER ▼ C C00027466	
Check if ☐ 24-hour report ☒ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee GEN2 SOLUTIONS LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 07 / 2024	
Mailing Address 3001 WASHINGTON BLVD 7TH FLOOR		Amount 289782.50	
City ARLINGTON	State VA	Zip Code 22201	Transaction ID : SE24.M9.003
Purpose of Expenditure MEDIA	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 07 / 2024	
Name of Federal Candidate SLOTKIN, ELISSA, ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

Full Name of Payee ARENA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 07 / 2024	
Mailing Address 1260 E STRINGHAM AVE SUITE 400		Amount 430884.00	
City SALT LAKE CITY	State UT	Zip Code 84106	Transaction ID : SE24.M9.004
Purpose of Expenditure MEDIA	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 07 / 2024	
Name of Federal Candidate SLOTKIN, ELISSA, ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	720666.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	1285738.88

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.

DAVIS, KEITH, , ,

Signature

Date

MM / DD / YYYY
08 / 09 / 2024