

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

NAME OF COMMITTEE (In Full) BEST OF AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ C C00842344	
Check if ☐ 24-hour report ☒ 48-hour report			☒ New report ☐ Amends report filed on	
Full Name of Payee RISING TIDE DIRECT LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2023	
Mailing Address 201 N UNION ST STE 110			Amount 35000.00	
City ALEXANDRIA	State VA	Zip Code 22314-2663	Transaction ID : E91C2938271FB4B16A3C	
Purpose of Expenditure DIRECT MARKETING		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate BURGUM, DOUG, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		145526.00	Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶	
Full Name of Payee RISING TIDE DIRECT LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2023	
Mailing Address 201 N UNION ST STE 110			Amount 110526.00	
City ALEXANDRIA	State VA	Zip Code 22314-2663	Transaction ID : ED8ECD52CDAD342EB84	
Purpose of Expenditure DIRECT MARKETING		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2023	
Name of Federal Candidate BURGUM, DOUG, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		145526.00	Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			145526.00	
(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.				
Signature GOODE, MICHAEL, , ,		[Electronically Filed]		Date MM / DD / YYYY 07 / 15 / 2023

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Full Name of Payee RISING TIDE DIRECT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2023
Mailing Address 201 N UNION ST STE 110		Amount 118220.00
City ALEXANDRIA	State VA	Zip Code 22314-2663
Purpose of Expenditure DIRECT MARKETING	Category/Type	Transaction ID : EC6ABA2A4E1D84204AA8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2023
Name of Federal Candidate BURGUM, DOUG, , ,		Office Sought: ☒ Support ☐ Oppose ☒ President ☐ Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 118220.00		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		Office Sought: ☐ Support ☐ Oppose ☐ President ☐ Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	118220.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	263746.00

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.

GOODE, MICHAEL, , ,

[Electronically Filed]

Date

MM / DD / YYYY
07 / 15 / 2023

Signature