

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WITH HONOR FUND II, INC.		FEC IDENTIFICATION NUMBER ▼ C C00831404	
Check if ☐ 24-hour report ☒ 48-hour report		☐ New report	☒ Amends report filed on
		M M / D D / Y Y Y Y Y Y 09 / 10 / 2024	

Full Name of Payee Poolhouse		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 10 / 2024	
Mailing Address 23 W Broad St Suite 404		Amount 14100.00	
City Richmond	State VA	Zip Code 23220-4295	Transaction ID : E9055080AF3C14E44953
Purpose of Expenditure Ad Production		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 09 / 2024
Name of Federal Candidate Miller-Meeks, Mariannette, Jane, ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		306504.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee Poolhouse		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 10 / 2024	
Mailing Address 23 W Broad St Suite 404		Amount 13800.00	
City Richmond	State VA	Zip Code 23220-4295	Transaction ID : E53FE9D3AEDFD4CB287/
Purpose of Expenditure Ad Production		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 09 / 2024
Name of Federal Candidate Nunn, Zach, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 03 ☐ President ☐ Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		263800.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	27900.00
(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.

Koch, Timothy, A., ,
Signature

Date M M / D D / Y Y Y Y Y Y
09 / 10 / 2024

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NAME OF COMMITTEE (In Full) WITH HONOR FUND II, INC.			FEC IDENTIFICATION NUMBER ▼ C C00831404		
Check if ☐ 24-hour report ☒ 48-hour report ☐ New report ☒ Amends report filed on					
		M M / D D / Y Y Y Y Y Y 09 / 10 / 2024			
Full Name of Payee Flexpoint Media Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 10 / 2024		
Mailing Address PO Box 1051			Amount 265000.00		
City New Albany		State OH	Zip Code 43054-1051		Transaction ID : ED88A4BFE8FE34D92BD1
Purpose of Expenditure Media Placement: TV		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 09 / 2024	
Name of Federal Candidate Miller-Meeks, Mariannette, Jane, ,			☒ Support ☐ Oppose		Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: IA
Calendar Year-To-Date Per Election for Office Sought			306504.00		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶
Full Name of Payee Optima Media LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 10 / 2024		
Mailing Address 14006 Foxland Dr			Amount 15024.00		
City Phoenix		State MD	Zip Code 21131-1805		Transaction ID : E8FC04930AA774E63B89
Purpose of Expenditure Billboard Advertising/Production		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 05 / 2024	
Name of Federal Candidate McCormick, Richard Dean, , Dr.,			☒ Support ☐ Oppose		Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: GA
Calendar Year-To-Date Per Election for Office Sought			15024.00		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			280024.00		
(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 Koch, Timothy, A., ,			Date M M / D D / Y Y Y Y Y Y 09 / 10 / 2024		

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		M M / D D / Y Y Y Y Y Y 09 / 10 / 2024	

Full Name of Payee Flexpoint Media Inc.		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 10 / 2024	
Mailing Address PO Box 1051		Amount 250000.00	
City New Albany	State OH	Zip Code 43054-1051	Transaction ID : E7A062BD0168D4736BE1
Purpose of Expenditure Media Placement: TV		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 09 / 2024
Name of Federal Candidate Nunn, Zach, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 03 ☐ President ☐ Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		263800.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
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..... ▶	250000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	557924.00

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.

Koch, Timothy, A., ,

Signature

Date

M M / D D / Y Y Y Y Y Y
09 / 10 / 2024