

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

NAME OF COMMITTEE (In Full) Stop TRUMP	FEC IDENTIFICATION NUMBER ▼ C C00847673
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 Mothership Strategies			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 13 / 2024	
Mailing Address 2413 20th St NW Gies			Amount 39294.00	
City Washington	State DC	Zip Code 20009-5453	Transaction ID : 500170267	
Purpose of Expenditure Digital Advertising		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 13 / 2024	
Name of Federal Candidate TRUMP, DONALD, J., ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 39294.00		Disbursement For: ☐ Primary ☒ General ☐ 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..... ▶	39294.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	39294.00

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.

Pascal, Harry, , ,

Signature

Date

M M / D D / Y Y Y Y Y Y
02 / 15 / 2024