

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 1  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL  
EMPLOYEES P E O P L E

FEC IDENTIFICATION NUMBER ▼

C C00011114

Check If ☒ 24-hour report ☐ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

RED HORSE STRATEGIES

Date

MM / DD / YYYY

Mailing Address 55 WASHINGTON STREET

SUITE 624

Amount

City

BROOKLYN

State

NY

Zip Code

11201

24500.00

Transaction ID : SE.273701

Purpose of Expenditure  
Phone 'NY-27'Category/  
Type

004

Office Sought:

☒ House

State: NY

☐ Senate

District: 27

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

KATHLEEN COURTNEY HOCHUL

Calendar Year-To-Date Per Election  
for Office Sought

182500.00

Disbursement For: ☐ Primary☒ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date

MM / DD / YYYY

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/  
Type

Office Sought:

☐ House

State:

☐ Senate

District:

☐ President

Check One:

☐ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election  
for Office SoughtDisbursement For: ☐ Primary☐ General☐ Other (specify) ▶

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

24500.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....▶

(c) TOTAL Independent Expenditures.....▶

24500.00

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.

LAURA REYES

[Electronically Filed]

Date

MM / DD / YYYY

Signature