

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

NAME OF COMMITTEE (In Full) DEFEND AMERICAN JOBS			FEC IDENTIFICATION NUMBER ▼ C C00836221	
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Dockside Strategies LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 11 / 2024		
Mailing Address 8 The Green Ste. 14712		Amount 12500.00		
City Dover	State DE	Zip Code 19901	Transaction ID : SE.4287	
Purpose of Expenditure IE-Cole-Media Production-ESTIMATE		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate COLE, TOM, ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 04 ☐ President ☐ Senate State: OK	
Calendar Year-To-Date Per Election for Office Sought		212498.40	Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶	
Full Name of Payee Main Street Media Group		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 11 / 2024		
Mailing Address PO Box 25093		Amount 199998.40		
City Alexandria	State VA	Zip Code 22313	Transaction ID : SE.4285	
Purpose of Expenditure IE-Cole-Media Buy		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 04 / 2024	
Name of Federal Candidate COLE, TOM, ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 04 ☐ President ☐ Senate State: OK	
Calendar Year-To-Date Per Election for Office Sought		199998.40	Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		212498.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶		212498.40		
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 Lisker, Lisa, , ,		Date MM / DD / YYYY 06 / 12 / 2024		