

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

NAME OF COMMITTEE (In Full) We Deserve Better, Inc.			FEC IDENTIFICATION NUMBER ▼ C C00858779		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee StackAdapt			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 15 / 2024 M M M / D D D / Y Y Y Y Y Y		
Mailing Address 100 University Avenue, Floor 5 Tor			Amount 8861.14		
City State Zip Code Toronto ZZ 00000		Transaction ID : EA597FD282CCA49B6A5C Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 11 / 2024 M M M / D D D / Y Y Y Y Y Y			
Purpose of Expenditure Advertising - StackAdapt - Estimated Costs		Category/ Type			
Name of Federal Candidate Phillips, Dean, , Rep.,		☒ Support ☐ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought		906753.42		Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶	
Full Name of Payee Meta Platforms, Inc. [MEMO ITEM]			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 15 / 2024 M M M / D D D / Y Y Y Y Y Y		
Mailing Address 1601 Willow Rd			Amount 35223.77		
City State Zip Code Menlo Park CA 94025-1452		Transaction ID : E5D07500811694E1485C Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y			
Purpose of Expenditure Advertising - Meta Platforms - Estimated Costs		Category/ Type			
Name of Federal Candidate Phillips, Dean, , Rep.,		☒ Support ☐ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought		906753.42		Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			8861.14		
(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 <i>Phillips, Justin, , ,</i> Date M M M / D D D / Y Y Y Y Y Y 01 / 16 / 2024 M M M / D D D / Y Y Y Y Y Y					

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F24N

Transaction ID :

This 24-hour report contains one multistate independent expenditure, publicly distributed or disseminated nationwide with the following states first: New Hampshire

Form/Schedule:

Transaction ID:

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

NAME OF COMMITTEE (In Full) We Deserve Better, Inc.			FEC IDENTIFICATION NUMBER ▼ C C00858779		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M M D D D Y Y Y Y Y Y					
Full Name of Payee Google X			Date of Public Distribution/Dissemination 01 15 2024		
Mailing Address 1600 Amphitheatre Pkwy			Amount 23189.21		
City State Zip Code Mountain View CA 94043-1351		Transaction ID : E6B78C7976BD245BE87D Date of Disbursement or Obligation M M M D D D Y Y Y Y Y Y			
Purpose of Expenditure Advertising - Google - Estimated Costs		Category/ Type			
Name of Federal Candidate Phillips, Dean, , Rep.,			☒ Support ☐ Oppose Office Sought: ☐ House ☒ President ☐ Senate District: 00 State: NH		
Calendar Year-To-Date Per Election for Office Sought			194409.04 Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination M M M D D D Y Y Y Y Y Y		
Mailing Address			Amount 		
City State Zip Code		Date of Disbursement or Obligation M M M D D D Y Y Y Y Y Y			
Purpose of Expenditure		Category/ Type			
Name of Federal Candidate			☐ Support ☐ Oppose Office Sought: ☐ House ☐ President ☐ Senate District: State:		
Calendar Year-To-Date Per Election for Office Sought			 Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 0.00 (b) SUBTOTAL of Unitemized Independent Expenditures ▶ (c) TOTAL Independent Expenditures..... ▶ 44084.91					
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 Phillips, Justin, , , Date 01 16 2024					