

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) GRANITE FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00857177		
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 Left Hook			Date of Public Distribution/Dissemination M M M D D D Y Y Y Y Y Y 01 02 2024		
Mailing Address 2601 Ocean Park Blvd Suite 324			Amount 102732.00		
City State Zip Code Santa Monica CA 90405		Transaction ID : WFT202404114-1 Date of Disbursement or Obligation M M M D D D Y Y Y Y Y Y 01 02 2024			
Purpose of Expenditure Digital Advertising		Category/ Type			
Name of Federal Candidate Biden, Joseph, R, , Jr			☒ Support ☐ Oppose Office Sought: ☐ House ☒ President ☐ Senate District: _____ State: NH		
Calendar Year-To-Date Per Election for Office Sought 178496.97			Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee Mission Control, Inc.			Date of Public Distribution/Dissemination M M M D D D Y Y Y Y Y Y 01 03 2024		
Mailing Address 624 Hebron Ave			Amount 16942.08		
City State Zip Code Glastonbury CT 06033		Transaction ID : WFT202404115-1 Date of Disbursement or Obligation M M M D D D Y Y Y Y Y Y 12 29 2023			
Purpose of Expenditure Mail Production		Category/ Type			
Name of Federal Candidate Biden, Joseph, R, , Jr			☒ Support ☐ Oppose Office Sought: ☐ House ☒ President ☐ Senate District: _____ State: NH		
Calendar Year-To-Date Per Election for Office Sought 178496.97			Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			119674.08		
(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 Sullivan, Kathleen, , ,			Date M M M D D D Y Y Y Y Y Y 01 04 2024		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) GRANITE FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00857177	
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Winning Connections		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 03 / 2024		
Mailing Address 317 Pennsylvania Ave SE		Amount 3379.21		
City Washington	State DC	Zip Code 20003	Transaction ID : WFT202404111-1	
Purpose of Expenditure Phone Bank		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 04 / 2024	
Name of Federal Candidate Biden, Joseph, R, , Jr		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought		178496.97	Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶	
Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address		Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY	
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.....		3379.21		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....		123053.29		
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 Sullivan, Kathleen, , ,		Date MM / DD / YYYY 01 / 04 / 2024		