

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

NAME OF COMMITTEE (In Full) NEW JERSEY RIGHT TO LIFE COMMITTEE FEDERAL PAC			FEC IDENTIFICATION NUMBER ▼ C C00260331	
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee TC Graphics		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2024		
Mailing Address 109 South Avenue West		Amount 1670.36		
City Cranford	State NJ	Zip Code 07016	Transaction ID : SE.4434	
Purpose of Expenditure Printing and Postage		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 09 / 2024	
Name of Federal Candidate TRUMP, DONALD J., , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		1670.36	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	
Full Name of Payee TC Graphics		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2024		
Mailing Address 109 South Avenue West		Amount 1670.36		
City Cranford	State NJ	Zip Code 07016	Transaction ID : SE.4437	
Purpose of Expenditure Printing and Postage		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 09 / 2024	
Name of Federal Candidate SMITH, CHRISTOPHER H., , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 04 ☐ President ☐ Senate State: NJ	
Calendar Year-To-Date Per Election for Office Sought		1670.36	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		3340.72		
(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 McCann, Frank, , ,		Date MM / DD / YYYY 10 / 22 / 2024		

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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 TC Graphics			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 22 / 2024	
Mailing Address 109 South Avenue West			Amount 1670.36	
City Cranford		State NJ	Zip Code 07016	
Purpose of Expenditure Printing and Postage		Category/Type 001		
Name of Federal Candidate BUCCO, CARMEN, , ,			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 09 / 2024	
Name of Federal Candidate BUCCO, CARMEN, , ,			Office Sought: ☒ House District: 10 ☐ President ☐ Senate State: NJ	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	
Full Name of Payee TC Graphics			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 22 / 2024	
Mailing Address 109 South Avenue West			Amount 1670.36	
City Cranford		State NJ	Zip Code 07016	
Purpose of Expenditure Printing and Postage		Category/Type 001		
Name of Federal Candidate GUINCHARD, MARY JO-ANN, , ,			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 09 / 2024	
Name of Federal Candidate GUINCHARD, MARY JO-ANN, , ,			Office Sought: ☒ House District: 05 ☐ President ☐ Senate State: NJ	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			3340.72	
(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 McCann, Frank, , ,			Date M M / D D / Y Y Y Y Y Y 10 / 22 / 2024	

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Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee TC Graphics		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2024
Mailing Address 109 South Avenue West		Amount 1670.36
City Cranford	State NJ	Zip Code 07016
Purpose of Expenditure Printing and Postage	Category/ Type 001	Transaction ID : SE.4442 Date of Disbursement or Obligation MM / DD / YYYY 10 / 09 / 2024
Name of Federal Candidate PREMPEH, WILLIAM SREBOE, , ,		Office Sought: ☒ House District: 09 ☐ President ☐ Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought		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
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate		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..... ▶	1670.36
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	8351.80

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.

McCann, Frank, , ,

Signature

Date

MM / DD / YYYY
10 / 22 / 2024