

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

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>CARPENTERS LEGISLATIVE IMPROVEMENT COMMITTEE UNITED BROTHERHOOD OF CARPENTERS AND JOINERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00001016</div>                                                                                                     |                                                                                                                                                                                                                           |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 50px; text-align: center;">M M / D D / Y Y Y Y Y Y</div>                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                   |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                           |
| Full Name of Payee<br>Signarama                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                   | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border-bottom: 1px solid black; width: 50px; text-align: center;">M M / D D / Y Y Y Y Y Y</div><br>10 / 19 / 2024                                             |                                                                                                                                                                                                                           |
| Mailing Address 112 W Saint Clair St                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                   | Amount<br><div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">75.06</div>                                                                                                                    |                                                                                                                                                                                                                           |
| City Indianapolis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | State IN          | Zip Code 46204-1139                                                                                                                                                                                                                           |                                                                                                                                                                                                                           |
| Purpose of Expenditure<br>Signage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Category/Type 004 |                                                                                                                                                                                                                                               | Transaction ID : 500082264<br>Date of Disbursement or Obligation<br><div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M / D D / Y Y Y Y Y Y</div><br>09 / 24 / 2024 |
| Name of Federal Candidate<br>BROWN, SHERROD, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____<br><input type="checkbox"/> President    State: OH |                                                                                                                                                                                                                           |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024<br><input type="checkbox"/> Other (specify) ▶ _____                                                                                       |                                                                                                                                                                                                                           |
| Full Name of Payee<br>Union First Laser Technologies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                   | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M / D D / Y Y Y Y Y Y</div><br>10 / 19 / 2024                                            |                                                                                                                                                                                                                           |
| Mailing Address 365 Oak Ave S<br>Bldg 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                   | Amount<br><div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">2444.05</div>                                                                                                                  |                                                                                                                                                                                                                           |
| City West Salem                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | State WI          | Zip Code 54669-1710                                                                                                                                                                                                                           |                                                                                                                                                                                                                           |
| Purpose of Expenditure<br>Banners & Rally Signage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Category/Type 004 |                                                                                                                                                                                                                                               | Transaction ID : 500082265<br>Date of Disbursement or Obligation<br><div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M / D D / Y Y Y Y Y Y</div><br>09 / 24 / 2024 |
| Name of Federal Candidate<br>BROWN, SHERROD, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____<br><input type="checkbox"/> President    State: OH |                                                                                                                                                                                                                           |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024<br><input type="checkbox"/> Other (specify) ▶ _____                                                                                       |                                                                                                                                                                                                                           |
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                   | <div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">2519.11</div>                                                                                                                            |                                                                                                                                                                                                                           |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                   | <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>                                                                                                                                                      |                                                                                                                                                                                                                           |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                   | <div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">2519.11</div>                                                                                                                            |                                                                                                                                                                                                                           |
| 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.<br><br><div style="display: flex; justify-content: space-between;"><div style="width: 40%;">Signature<br/><br/>Flynn, Thomas, , ,</div><div style="width: 20%; text-align: center;">Date</div><div style="width: 40%; text-align: center;"><div style="display: inline-block; border-bottom: 1px solid black; width: 50px; text-align: center;">M M / D D / Y Y Y Y Y Y</div><br/>10 / 20 / 2024</div></div> |  |                   |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                           |