

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

NAME OF COMMITTEE (In Full) RIGHT FOR NC			FEC IDENTIFICATION NUMBER ▼ C C00864215	
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee COEFFICIENT		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 29 / 2024		
Mailing Address 5100 MAIN STREET		Amount 5836.20		
City KANSAS CITY	State MO	Zip Code 64112	Transaction ID : SE.4141	
Purpose of Expenditure TEXTING		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 01 / 2024	
Name of Federal Candidate MCDOWELL, ADDISON, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 06 ☐ President ☐ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		122496.23	Disbursement For: ☒ Primary ☐ General ☐ 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..... ▶		5836.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶		5836.20		
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 BARLOW, HEATHER, , ,		Date MM / DD / YYYY 03 / 01 / 2024		