

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 10
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) DMFI PAC	FEC IDENTIFICATION NUMBER ▼ C C00710848
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on	

Full Name of Payee 5 Towns Jewish Times			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2024	
Non-Contribution Account			Amount 1650.00	
Mailing Address PO Box 690			Transaction ID : 500690970	
City Lawrence	State NY	Zip Code 11559-0690	Date of Disbursement or Obligation MM / DD / YYYY 10 / 11 / 2024	
Purpose of Expenditure Print Advertising (Estimate)		Category/ Type		
Name of Federal Candidate SUOZZI, THOMAS, ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 03 ☐ President ☐ Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought		6350.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

Full Name of Payee 5 Towns Jewish Times			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2024	
Non-Contribution Account			Amount 1650.00	
Mailing Address PO Box 690			Transaction ID : 500690971	
City Lawrence	State NY	Zip Code 11559-0690	Date of Disbursement or Obligation MM / DD / YYYY 10 / 11 / 2024	
Purpose of Expenditure Print Advertising (Estimate)		Category/ Type		
Name of Federal Candidate AVLON, JOHN, ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought		5500.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3300.00
(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.

Pettersen, Jay, , ,

Signature

Date

MM / DD / YYYY
11 / 02 / 2024

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 10
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) DMFI PAC	FEC IDENTIFICATION NUMBER ▼ C C00710848
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Full Name of Payee 5 Towns Jewish Times			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2024		
Non-Contribution Account			Amount 1650.00		
Mailing Address PO Box 690			Transaction ID : 500690972		
City Lawrence	State NY	Zip Code 11559-0690	Date of Disbursement or Obligation MM / DD / YYYY 10 / 11 / 2024		
Purpose of Expenditure Print Advertising (Estimate)		Category/ Type			
Name of Federal Candidate GILLEN, LAURA, ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 04 ☐ President ☐ Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought		64397.68	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		

Full Name of Payee Cleveland Jewish News			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2024		
Non-Contribution Account			Amount 2865.00		
Mailing Address 23880 Commerce Park Ste 1			Transaction ID : 500690978		
City Beachwood	State OH	Zip Code 44122-5830	Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2024		
Purpose of Expenditure Print Advertising (Estimate)		Category/ Type			
Name of Federal Candidate BROWN, M SHONTEL, ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 11 ☐ President ☐ Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought		2865.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4515.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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MM / DD / YYYY
11 / 02 / 2024

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 10
FOR SE OF FORM 24/48

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Full Name of Payee Cleveland Jewish News Non-Contribution Account			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2024		
Mailing Address 23880 Commerce Park Ste 1			Amount 1020.00		
City Beachwood	State OH	Zip Code 44122-5830	Transaction ID : 500690979		
Purpose of Expenditure Print Advertising (Estimate)		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2024		
Name of Federal Candidate SYKES, EMILIA, ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: <u>13</u> ☐ President ☐ Senate State: <u>OH</u>		
Calendar Year-To-Date Per Election for Office Sought		168744.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		

Full Name of Payee Jewish Rhode Island Non-Contribution Account			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2024		
Mailing Address 401 Elmgrove Ave			Amount 1300.00		
City Providence	State RI	Zip Code 02906-3451	Transaction ID : 500690987		
Purpose of Expenditure Print Advertising (Estimate)		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2024		
Name of Federal Candidate AMO, GABRIEL, F, ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: <u>01</u> ☐ President ☐ Senate State: <u>RI</u>		
Calendar Year-To-Date Per Election for Office Sought		1300.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2320.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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MM / DD / YYYY
11 / 02 / 2024

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 4 OF 10

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) DMFI PAC		FEC IDENTIFICATION NUMBER ▼ C C00710848
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Full Name of Payee Jewish Rhode Island		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2024	
Non-Contribution Account		Amount 1300.00	
Mailing Address 401 Elmgrove Ave		Transaction ID : 500690988	
City Providence	State RI	Zip Code 02906-3451	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2024
Purpose of Expenditure Print Advertising (Estimate)		Category/ Type	
Name of Federal Candidate MAGAZINER, SETH, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: RI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

Full Name of Payee Long Island Jewish Press		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2024	
Non-Contribution Account		Amount 1250.00	
Mailing Address 3692 Bedford Ave Ste P2		Transaction ID : 500690983	
City Brooklyn	State NY	Zip Code 11229-1702	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2024
Purpose of Expenditure Print Advertising (Estimate)		Category/ Type	
Name of Federal Candidate AVLON, JOHN, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2550.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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MM / DD / YYYY
11 / 02 / 2024

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 5 OF 10

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) DMFI PAC		FEC IDENTIFICATION NUMBER ▼ C C00710848
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Full Name of Payee Long Island Jewish Press Non-Contribution Account		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2024	
Mailing Address 3692 Bedford Ave Ste P2		Amount 1250.00	
City Brooklyn	State NY	Zip Code 11229-1702	Transaction ID : 500690984
Purpose of Expenditure Print Advertising (Estimate)		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2024
Name of Federal Candidate SUOZZI, THOMAS, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 03 ☐ President ☐ Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

Full Name of Payee Long Island Jewish Press Non-Contribution Account		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2024	
Mailing Address 3692 Bedford Ave Ste P2		Amount 1250.00	
City Brooklyn	State NY	Zip Code 11229-1702	Transaction ID : 500690985
Purpose of Expenditure Print Advertising (Estimate)		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2024
Name of Federal Candidate GILLEN, LAURA, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 04 ☐ President ☐ Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2500.00
(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.

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Date

MM / DD / YYYY
11 / 02 / 2024

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 6 OF 10

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) DMFI PAC	FEC IDENTIFICATION NUMBER ▼ C C00710848
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on	

Full Name of Payee Long Island Jewish World			Date of Public Distribution/Dissemination 11 / 01 / 2024		
Non-Contribution Account			Amount 2600.00		
Mailing Address PO Box 220297			Transaction ID : 500690980		
City Great Neck	State NY	Zip Code 11022-0297	Date of Disbursement or Obligation 10 / 21 / 2024		
Purpose of Expenditure Print Advertising (Estimate)		Category/ Type			
Name of Federal Candidate AVLON, JOHN, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought		5500.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		

Full Name of Payee Long Island Jewish World			Date of Public Distribution/Dissemination 11 / 01 / 2024		
Non-Contribution Account			Amount 2600.00		
Mailing Address PO Box 220297			Transaction ID : 500690981		
City Great Neck	State NY	Zip Code 11022-0297	Date of Disbursement or Obligation 10 / 21 / 2024		
Purpose of Expenditure Print Advertising (Estimate)		Category/ Type			
Name of Federal Candidate SUOZZI, THOMAS, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 03 ☐ President ☐ Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought		6350.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5200.00
(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.

Pettersen, Jay, , ,

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Date

11 / 02 / 2024

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 7 OF 10
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) DMFI PAC	FEC IDENTIFICATION NUMBER ▼ C C00710848
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Full Name of Payee Long Island Jewish World			Date of Public Distribution/Dissemination 11 / 01 / 2024		
Non-Contribution Account			Amount 2600.00		
Mailing Address PO Box 220297			Transaction ID : 500690990		
City State Zip Code Great Neck NY 11022-0297			Date of Disbursement or Obligation 10 / 21 / 2024		
Purpose of Expenditure Print Advertising (Estimate)			Category/Type		
Name of Federal Candidate GILLEN, LAURA, ,			☒ Support ☐ Oppose		
Office Sought: ☐ President ☐ Senate State: NY			District: 04		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
			64397.68		

Full Name of Payee Minnesota Jewish Media LLC			Date of Public Distribution/Dissemination 11 / 01 / 2024		
Non-Contribution Account			Amount 1060.00		
Mailing Address 3249 Hennepin Ave Ste 245			Transaction ID : 500690974		
City State Zip Code Minneapolis MN 55408-3469			Date of Disbursement or Obligation 10 / 11 / 2024		
Purpose of Expenditure Print Advertising (Estimate)			Category/Type		
Name of Federal Candidate CRAIG, ANGELA, DAWN, ,			☒ Support ☐ Oppose		
Office Sought: ☐ President ☐ Senate State: MN			District: 02		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
			1060.00		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3660.00
(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.

Petterson, Jay, , ,

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Date

11 / 02 / 2024

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 8 OF 10

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) DMFI PAC	FEC IDENTIFICATION NUMBER ▼ C C00710848
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Full Name of Payee The Five Towns Jewish Times			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2024		
Non-Contribution Account			Amount 850.00		
Mailing Address 445 Central Ave Unit 209			Transaction ID : 500690867		
City State Zip Code Cedarhurst NY 11516-2021			Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2024		
Purpose of Expenditure Print Advertising (Estimate)		Category/ Type			
Name of Federal Candidate SUOZZI, THOMAS, ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 03 ☐ President ☐ Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought		6350.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		

Full Name of Payee The Jewish Press			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2024		
Non-Contribution Account			Amount 1471.00		
Mailing Address 3692 Bedford Ave Ste P2			Transaction ID : 500690973		
City State Zip Code Brooklyn NY 11229-1702			Date of Disbursement or Obligation MM / DD / YYYY 10 / 11 / 2024		
Purpose of Expenditure Print Advertising (Estimate)		Category/ Type			
Name of Federal Candidate VARGAS, ANTHONY 'TONY', ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: NE		
Calendar Year-To-Date Per Election for Office Sought		1471.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2321.00
(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.

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MM / DD / YYYY
11 / 02 / 2024

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 9 OF 10
FOR SE OF FORM 24/48

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Full Name of Payee The Reporter Group		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2024	
Non-Contribution Account		Amount 1165.00	
Mailing Address 500 Clubhouse Rd		Transaction ID : 500690975	
City Vestal	State NY	Zip Code 13850-4700	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2024
Purpose of Expenditure Print Advertising (Estimate)		Category/ Type	
Name of Federal Candidate CARTWRIGHT, MATTHEW, A., ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 08 ☐ President ☐ Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

Full Name of Payee The Reporter Group		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2024	
Non-Contribution Account		Amount 1165.00	
Mailing Address 500 Clubhouse Rd		Transaction ID : 500690976	
City Vestal	State NY	Zip Code 13850-4700	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2024
Purpose of Expenditure Print Advertising (Estimate)		Category/ Type	
Name of Federal Candidate CASEY, ROBERT, , , JR.		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2330.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 10 OF 10
FOR SE OF FORM 24/48

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Full Name of Payee The Reporter Group		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2024	
Non-Contribution Account		Amount 1165.00	
Mailing Address 500 Clubhouse Rd		Transaction ID : 500690977	
City Vestal State NY Zip Code 13850-4700		Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2024	
Purpose of Expenditure Print Advertising (Estimate)		Category/Type	
Name of Federal Candidate HARRIS, KAMALA, , ,		☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____	
366292.00		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	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____	
		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1165.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	29861.00

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