

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

NAME OF COMMITTEE (In Full) Somos PAC			FEC IDENTIFICATION NUMBER ▼ C C00724203		
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 Clermont Group, LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 23 / 2026		
Mailing Address 243 Clermont Ave			Amount 31205.35		
City Brooklyn		State NY	Zip Code 11205-4010		
Purpose of Expenditure Direct Mail - Estimate		Category/ Type		Transaction ID : 500260512 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Bird, Shannon, K., ,			☐ Support ☒ Oppose		Office Sought: ☒ House District: 08 ☐ President ☐ Senate State: CO
Calendar Year-To-Date Per Election for Office Sought			1165000.00 Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address			Amount 		
City		State	Zip Code		
Purpose of Expenditure		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
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..... ▶ 31205.35 (b) SUBTOTAL of Unitemized Independent Expenditures ▶ (c) TOTAL Independent Expenditures..... ▶ 31205.35					
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 Morales, Melissa, , , Date M M / D D / Y Y Y Y Y Y 06 / 24 / 2026					