

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

|                                                                                                                                                                                                    |  |                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY</b>                                                                                                       |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00350991 |
| 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 |  | MM / DD / YYYY                                    |

|                                                         |                   |                                                                                                                                                                                                                                                  |
|---------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br>Century Direct                    |                   | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>10 / 19 / 2024                                                                                                                                                                    |
| Mailing Address 15 Enter Lane                           |                   | Amount<br>4681.43                                                                                                                                                                                                                                |
| City<br>Islandia                                        | State<br>NY       | Zip Code<br>11749                                                                                                                                                                                                                                |
| Purpose of Expenditure<br>Mail                          | Category/<br>Type | Transaction ID : WFT2024920192-1<br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br>10 / 19 / 2024                                                                                                                                       |
| Name of Federal Candidate<br>Harris, Kamala, , ,        |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____ |
| Calendar Year-To-Date<br>Per Election for Office Sought |                   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶                                                                                                |

|                                                         |                   |                                                                                                                                                                                                                                                  |
|---------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br>Triboro Printing                  |                   | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>10 / 19 / 2024                                                                                                                                                                    |
| Mailing Address 34-11 Steinway St                       |                   | Amount<br>585.55                                                                                                                                                                                                                                 |
| City<br>Astoria                                         | State<br>NY       | Zip Code<br>11101                                                                                                                                                                                                                                |
| Purpose of Expenditure<br>Printing and Copying          | Category/<br>Type | Transaction ID : WFT2024920193-1<br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br>10 / 19 / 2024                                                                                                                                       |
| Name of Federal Candidate<br>Harris, Kamala, , ,        |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____ |
| Calendar Year-To-Date<br>Per Election for Office Sought |                   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶                                                                                                |

|                                                                    |         |
|--------------------------------------------------------------------|---------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | 5266.98 |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ |         |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   | 5266.98 |

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.

Thayer, Anita, , ,

Signature

Date

MM / DD / YYYY  
10 / 20 / 2024