

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

NAME OF COMMITTEE (In Full) Independents Moving the Needle		FEC IDENTIFICATION NUMBER ▼ C C00858381	
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY	

Full Name of Payee Opinion Diagnostics LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 16 / 2024	
Mailing Address 100 Sudbury St #3507		Amount 9157.30	
City Boston	State MA	Zip Code 02114	Transaction ID : SE.4169
Purpose of Expenditure GOTV Text Message		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 17 / 2024
Name of Federal Candidate HALEY, NIKKI, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2024 ☐ 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..... ▶	9157.30
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	9157.30

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.

Bush, Jonathan, , ,
Signature

Date MM / DD / YYYY
01 / 17 / 2024