

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

NAME OF COMMITTEE (In Full) NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY			FEC IDENTIFICATION NUMBER ▼ C C00350991		
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 LC Media			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 23 / 2024		
Mailing Address 1604 Fawn Lane			Amount 40000.00		
City Huntingdon Valley		State PA	Zip Code 19006		Transaction ID : WFT20249241517-1 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 23 / 2024
Purpose of Expenditure Digital Ads		Category/ Type			
Name of Federal Candidate Harris, Kamala, , ,			☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee CCM&Co			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 23 / 2024		
Mailing Address 1022 Blvd #329			Amount 19950.00		
City West Hartford		State CT	Zip Code 06119		Transaction ID : WFT20249241519-1 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 23 / 2024
Purpose of Expenditure Direct Mail		Category/ Type			
Name of Federal Candidate Harris, Kamala, , ,			☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			59950.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			59950.00		
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 Thayer, Anita, , ,			Date M M / D D / Y Y Y Y Y Y 10 / 24 / 2024		