

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

NAME OF COMMITTEE (In Full) American Federation of State County & Municipal Employees PEOPLE			FEC IDENTIFICATION NUMBER ▼ C C00011114		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Red Horse Strategies			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2024		
Mailing Address 55 Washington St			Amount 392000.00		
City Brooklyn		State NY	Zip Code 11201-1036		Transaction ID : 500030880 Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2024
Purpose of Expenditure 2024 IE media buy for radio ads in the MI Senate General Election. ESTIMATE		Category/ Type 004			
Name of Federal Candidate SLOTKIN, ELISSA, ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 400000.00			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
Full Name of Payee Red Horse Strategies			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2024		
Mailing Address 55 Washington St			Amount 8000.00		
City Brooklyn		State NY	Zip Code 11201-1036		Transaction ID : 500030881 Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2024
Purpose of Expenditure 2024 IE production costs for radio ads in the MI Senate General Election. ESTIMATE		Category/ Type 004			
Name of Federal Candidate SLOTKIN, ELISSA, ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 400000.00			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 400000.00 (b) SUBTOTAL of Unitemized Independent Expenditures ▶ (c) TOTAL Independent Expenditures..... ▶ 400000.00					
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 McBride, Elissa, , , Date MM / DD / YYYY 09 / 25 / 2024					