

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 5
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Immigrants' List		FEC IDENTIFICATION NUMBER ▼ C C00430280
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Arizona Lotus Corporation		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2024
Mailing Address 3871 N Commerce Dr		Amount 3000.00
City Tucson	State AZ	Zip Code 85705-2983
Purpose of Expenditure Partisan Radio Ads	Category/ Type 004	Transaction ID : 501450526 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2024
Name of Federal Candidate Trump, Donald, J., , ☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 18800.00		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

Full Name of Payee Asheville Radio Group		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2024
Mailing Address 1190 Patton Ave		Amount 1000.00
City Asheville	State NC	Zip Code 28806-2706
Purpose of Expenditure Partisan radio ads	Category/ Type 004	Transaction ID : 501450530 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2024
Name of Federal Candidate Trump, Donald, J., , ☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 18800.00		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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.

Kurzban, Ira, , ,
Signature

Date 10 / 22 / 2024

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NAME OF COMMITTEE (In Full) Immigrants' List			FEC IDENTIFICATION NUMBER ▼ C C00430280		
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 ATLANTA RADIO KOREA, INC.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 28 / 2024		
Mailing Address 3230 Steve Reynolds Blvd Ste 219			Amount 3500.00		
City Duluth		State GA	Zip Code 30096-8833		Transaction ID : 501437044
Purpose of Expenditure 30-second radio ads		Category/ Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 16 / 2024	
Name of Federal Candidate Trump, Donald, J., ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 18800.00			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee CINA FM Radio			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 28 / 2024		
Mailing Address 330 Town Center Dr Ste 920			Amount 2000.00		
City Dearborn		State MI	Zip Code 48126-2719		Transaction ID : 501450531
Purpose of Expenditure Partisan radio ads		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 23 / 2024	
Name of Federal Candidate Trump, Donald, J., ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 18800.00			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			5500.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
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 Kurzban, Ira, , ,			Date M M / D D / Y Y Y Y Y Y 10 / 22 / 2024		

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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 El Sol Broadcasting			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 28 / 2024		
Mailing Address 611 W National Ave			Amount 1750.00		
City Milwaukee		State WI	Zip Code 53204-1768		Transaction ID : 501450532
Purpose of Expenditure Partisan Radio Ads		Category/ Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 23 / 2024	
Name of Federal Candidate Trump, Donald, J., ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			18800.00 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee KYL 96.7FM LA CAMPESINA			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 28 / 2024		
Mailing Address 2055 W Charleston Blvd Ste B			Amount 2700.00		
City Las Vegas		State NV	Zip Code 89102-2258		Transaction ID : 501449323
Purpose of Expenditure Partisan Radio ads		Category/ Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 16 / 2024	
Name of Federal Candidate Trump, Donald, J., ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			18800.00 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			4450.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
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Signature Kurzban, Ira, , ,			Date M M / D D / Y Y Y Y Y Y 10 / 22 / 2024		

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Full Name of Payee La Mega Media Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2024	
Mailing Address 5151 Reed Rd Ste 211A			Amount 1150.00	
City Columbus	State OH	Zip Code 43220-2594	Transaction ID : 501437043	
Purpose of Expenditure 30-Second Radio Ad		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2024	
Name of Federal Candidate Brown, Sherrod, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought		4150.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

Full Name of Payee VM Broadcasting LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2024	
Mailing Address 1125 Colorado St			Amount 2800.00	
City Allentown	State PA	Zip Code 18103-3118	Transaction ID : 501437041	
Purpose of Expenditure 30-Second Radio Ad		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2024	
Name of Federal Candidate Trump, Donald, J., ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		18800.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3950.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Signature

Date MM / DD / YYYY
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Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee VSAM 1040		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2024
Mailing Address 5955 Jimmy Carter Blvd Ste 41		Amount 2050.00
City Norcross	State GA	Zip Code 30071-4642
Purpose of Expenditure Partisan radio ads	Category/ Type 004	Transaction ID : 501450533 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2024
Name of Federal Candidate Trump, Donald, J., , ☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 18800.00		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
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
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..... ▶	2050.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	19950.00

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.

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