

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 2  
FOR SE OF FORM 24/48

|                                                                                                                                                                                                    |  |                                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>THINK BIG</b>                                                                                                                                                    |  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><b>C</b> C00923417 |  |
| 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>CITY & STATE NY, LLC              |             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>06 / 08 / 2026  |                                                                                                                                                             |
| Mailing Address 600 NEW HAMPSHIRE AVE NW, LN            |             | Amount<br>10200.00                                                             |                                                                                                                                                             |
| City<br>WASHINGTON                                      | State<br>DC | Zip Code<br>20037                                                              | <b>Transaction ID : SE.4682</b>                                                                                                                             |
| Purpose of Expenditure<br>ONLINE ADVERTISING            |             | Category/<br>Type                                                              | Date of Disbursement or Obligation<br>MM / DD / YYYY<br>08 / 21 / 2026                                                                                      |
| Name of Federal Candidate<br>BORES, ALEXANDER, , ,      |             | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House    District: 12<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: NY |
| Calendar Year-To-Date<br>Per Election for Office Sought |             | 8037547.68                                                                     | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                |

|                                                         |       |                                                                     |                                                                                                                                                        |
|---------------------------------------------------------|-------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee                                      |       | Date of Public Distribution/Dissemination<br>MM / DD / YYYY         |                                                                                                                                                        |
| Mailing Address                                         |       | Amount                                                              |                                                                                                                                                        |
| City                                                    | State | Zip Code                                                            | Date of Disbursement or Obligation<br>MM / DD / YYYY                                                                                                   |
| Purpose of Expenditure                                  |       | Category/<br>Type                                                   |                                                                                                                                                        |
| Name of Federal Candidate                               |       | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House    District: _____<br><input 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 type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                      |

|                                                                    |          |
|--------------------------------------------------------------------|----------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | 10200.00 |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ |          |
| (c) <b>TOTAL</b> 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.

Vlasto, Josh, , ,  
Signature

Date 08 / 21 / 2026

## FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SE

Transaction ID : SE.4682

DUE TO A VENDOR MISCOMMUNICATION THE DISBURSEMENT INCLUDED IN THIS REPORT WAS  
INADVERTENTLY OMITTED FROM PREVIOUSLY FILED 24 HOUR REPORTS

Form/Schedule:

Transaction ID: