

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 MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00000422
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Strother Nuckels Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 15 / 2024
Mailing Address 712 H St NE # 768		Amount 410000.00
City Washington	State DC	Zip Code 20002-3627
Purpose of Expenditure Media Buy and Production	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 10 / 2024
Name of Federal Candidate Caraveo, Yadira, , Rep., ☒ Support ☐ Oppose		Office Sought: ☒ House District: 08 ☐ President ☐ Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 410000.00		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..... ▶	410000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	410000.00

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.

Jordan, John, Robert, Mr.,
Signature

Date 10 / 15 / 2024