

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The L & C Coalition		FEC IDENTIFICATION NUMBER ▼ C C00883322	
Check if ☒ 24-hour report ☐ 48-hour report		☐ New report	☒ Amends report filed on
		MM / DD / YYYY 10 / 21 / 2024	

Full Name of Payee Advertising Associates/Dorothy Baker		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2024	
Mailing Address 10491 FM 2451		Amount 64250.00	
City Scurry	State TX	Zip Code 75158-3319	Transaction ID : E11AA92B8976A4E1CBF9
Purpose of Expenditure Radio Advertisements		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2024
Name of Federal Candidate McCormick, Dave, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		64250.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee Advertising Associates/Dorothy Baker		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2024	
Mailing Address 10491 FM 2451		Amount 110880.00	
City Scurry	State TX	Zip Code 75158-3319	Transaction ID : EF81B3812219345CEAD4
Purpose of Expenditure Radio Advertisements		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 08 / 2024
Name of Federal Candidate Cruz, Rafael Edward, Ted, ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		110880.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) **SUBTOTAL** of Itemized Independent Expenditures..... ▶ 175130.00

(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.

Caprio, Paul, , ,

Signature

Date

MM / DD / YYYY
10 / 25 / 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 10 / 21 / 2024			
Full Name of Payee Strategic Media Placement			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 21 / 2024		
Mailing Address 7669 Stagers Loop			Amount 50000.00		
City Delaware	State OH	Zip Code 43015-7010	Transaction ID : ED2FB78557DB542DDA26 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2024		
Purpose of Expenditure Broadcast Advertising		Category/ Type			
Name of Federal Candidate Herrell, Stella, Yvette, ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: NM		
Calendar Year-To-Date Per Election for Office Sought		100000.00	Disbursement For: ☐ Primary ☐ General 2024 ☒ Other (specify) ▶ Annual		
Full Name of Payee Advertising Associates/Dorothy Baker			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 21 / 2024		
Mailing Address 10491 FM 2451			Amount 64050.00		
City Scurry	State TX	Zip Code 75158-3319	Transaction ID : E11B43454EE354669BAA Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 03 / 2024		
Purpose of Expenditure Radio Advertisements		Category/ Type			
Name of Federal Candidate Sheehy, Tim, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MT		
Calendar Year-To-Date Per Election for Office Sought		64050.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			114050.00		
(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 Caprio, Paul, , ,		Date M M / D D / Y Y Y Y Y Y 10 / 25 / 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 10 21 2024			
Full Name of Payee Strategic Media Placement			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 21 2024		
Mailing Address 7669 Stagers Loop			Amount 50000.00		
City Delaware		State OH	Zip Code 43015-7010		
Purpose of Expenditure Broadcast Advertising		Category/ Type		Transaction ID : ECDCBBED9D1E040CF87 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 21 2024	
Name of Federal Candidate Vasquez, Gabriel, , ,			☐ Support ☒ Oppose		Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: NM
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General 2024 ☒ Other (specify) ▶ Annual		
100000.00					
Full Name of Payee			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address			Amount 		
City		State	Zip Code		
Purpose of Expenditure		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
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..... ▶			50000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			339180.00		
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 Caprio, Paul, , ,			Date M M / D D / Y Y Y Y Y Y 10 25 2024		