

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

NAME OF COMMITTEE (In Full) New Democrat Majority			FEC IDENTIFICATION NUMBER ▼ C C00859660		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mission Control, Inc.			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 21 / 2024 M M M / D D D / Y Y Y Y Y Y		
Mailing Address 624 Hebron Ave			Amount 43863.78		
City Glastonbury		State CT	Zip Code 06033-2470		Transaction ID : 500091575
Purpose of Expenditure Direct Mail Advertising		Category/ Type		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 19 / 2024 M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate GOODLANDER, MAGGIE, , ,			☐ Support ☒ Oppose		Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: NH
Calendar Year-To-Date Per Election for Office Sought			43863.78		Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y		
Mailing Address			Amount 		
City		State	Zip Code		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure		Category/ Type			
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..... ▶ 43863.78 (b) SUBTOTAL of Unitemized Independent Expenditures ▶ (c) TOTAL Independent Expenditures..... ▶ 43863.78					
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 Eveland, Alex, , ,			Date M M M / D D D / Y Y Y Y Y Y 08 / 21 / 2024 M M M / D D D / Y Y Y Y Y Y		