

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

NAME OF COMMITTEE (In Full) HOUSE FREEDOM ACTION			FEC IDENTIFICATION NUMBER ▼ C C00662221		
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 NEIGHBORHOOD RESEARCH AND MEDIA			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2024		
Mailing Address PO BOX 297			Amount 19985.51		
City RODANTHE		State NC	Zip Code 27968-0297		Transaction ID : E65146B8030E64637B92
Purpose of Expenditure IE- CRANE- RADIO & TV MARKETING			Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 24 / 2024
Name of Federal Candidate CRANE, ELI, ,			☒ Support ☐ Oppose		Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
Full Name of Payee NEIGHBORHOOD RESEARCH AND MEDIA			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2024		
Mailing Address PO BOX 297			Amount 29978.27		
City RODANTHE		State NC	Zip Code 27968-0297		Transaction ID : EE4360815E26B4E13A73
Purpose of Expenditure IE- NEZ- RADIO & TV MARKETING			Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 24 / 2024
Name of Federal Candidate NEZ, JONATHAN, MICHAEL, ,			☐ Support ☒ Oppose		Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			49963.78		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			49963.78		
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 BROWN, MEGAN, , ,			Date M M / D D / Y Y Y Y Y Y 10 / 24 / 2024		