

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

NAME OF COMMITTEE (In Full) COMMON SENSE MARYLAND			FEC IDENTIFICATION NUMBER ▼ C C00889188		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y					
Full Name of Payee Berman and Company			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 15 / 2024 M M / D D / Y Y Y Y Y Y		
Mailing Address 1655 Fort Myer Drive, Suite 600			Amount 150000.00		
City State Zip Code Arlington VA 22209		Transaction ID : SE.4172 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y			
Purpose of Expenditure Digital advertising and production of a 30s Chinese language commercial		Category/Type 004		Name of Federal Candidate TRUMP, DONALD J., , ,	
		☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		150000.00		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____	
Full Name of Payee			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y		
Mailing Address			Amount 		
City State Zip Code		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / 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..... ▶ 150000.00 (b) SUBTOTAL of Unitemized Independent Expenditures ▶ (c) TOTAL Independent Expenditures..... ▶ 150000.00					
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 LIANG, HONG, CHUAN, , Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2024 M M / D D / Y Y Y Y Y Y					