

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 Federation of State County & Municipal Employees PEOPLE			FEC IDENTIFICATION NUMBER ▼ C C00011114	
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 Moxie Media			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 P.O. Box 30084			Amount 37933.55	
City State Zip Code Seattle WA 98113-2084		Transaction ID : 500031182 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 11 / 2024 M M / D D / Y Y Y Y Y Y		
Purpose of Expenditure 2024 IE Mail Piece Production and Shipping Costs for CO-08 House Race. ESTIMATE		Category/Type 004		
Name of Federal Candidate Caraveo, Yadira, ,			Office Sought: ☒ House District: 08 ☐ President ☐ Senate State: CO ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought 101571.03			Disbursement For: ☐ Primary ☒ General 2024 ☐ 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			Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____ ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought 			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 37933.55 (b) SUBTOTAL of Unitemized Independent Expenditures ▶ (c) TOTAL Independent Expenditures..... ▶ 37933.55				
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 McBride, Elissa, , , Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2024 M M / D D / Y Y Y Y Y Y				