

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) BLUE WAVE ACTION D/B/A BWA		FEC IDENTIFICATION NUMBER ▼ C C00882266	
Check if ☒ 24-hour report ☐ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee Buying Time LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2024	
Mailing Address PO Box 318		Amount 699380.00	
City Crownsville	State MD	Zip Code 21032	Transaction ID : SE.4107
Purpose of Expenditure Media Production/Placement		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2024
Name of Federal Candidate WATERS, MARY, , ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		699380.00	Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶

Full Name of Payee Mail Matters LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 19 / 2024	
Mailing Address 624 Hebron Ave		Amount 21363.44	
City Glastonbury	State CT	Zip Code 06033	Transaction ID : SE.4109
Purpose of Expenditure Direct Mail		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 19 / 2024
Name of Federal Candidate HAWKINS, SHAKIRA, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		754296.58	Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	720743.44
(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.

Jones, John, , ,

Signature

Date

MM / DD / YYYY
07 / 19 / 2024

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(Schedule E)PAGE 2 OF 2
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NAME OF COMMITTEE (In Full) BLUE WAVE ACTION D/B/A BWA			FEC IDENTIFICATION NUMBER ▼ C C00882266		
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 Mail Matters LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 19 / 2024		
Mailing Address 624 Hebron Ave			Amount 33553.14		
City Glastonbury		State CT	Zip Code 06033		Transaction ID : SE.4112
Purpose of Expenditure Direct Mail		Category/ Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 19 / 2024	
Name of Federal Candidate WATERS, MARY, , ,			☐ Support ☒ Oppose		Office Sought: ☒ House District: <u>13</u> ☐ President ☐ Senate State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought			732933.14 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		
Mailing Address			Amount 		
City		State	Zip Code		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure		Category/ Type		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..... ▶ 33553.14 (b) SUBTOTAL of Unitemized Independent Expenditures ▶ (c) TOTAL Independent Expenditures..... ▶ 754296.58					
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 <i>Jones, John, , ,</i>			Date M M / D D / Y Y Y Y Y Y 07 / 19 / 2024		