

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) One For All Committee			FEC IDENTIFICATION NUMBER ▼ C C00752691		
Check if ☐ 24-hour report ☒ 48-hour report ☐ New report ☒ Amends report filed on MM / DD / YYYY 09 / 18 / 2024					
Full Name of Payee The New Media Firm			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2024		
Mailing Address 1730 Rhode Island Ave NW Ste 213			Amount 16149.88		
City Washington State DC Zip Code 20036-3118		Transaction ID : 500698198 Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2024			
Purpose of Expenditure Digital Advertising		Category/ Type 004			
Name of Federal Candidate CASEY, ROBERT, JR., ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: PA
Calendar Year-To-Date Per Election for Office Sought			91085.02 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee The New Media Firm			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2024		
Mailing Address 1730 Rhode Island Ave NW Ste 213			Amount 15795.83		
City Washington State DC Zip Code 20036-3118		Transaction ID : 500698199 Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2024			
Purpose of Expenditure Digital Advertising		Category/ Type 004			
Name of Federal Candidate SLOTKIN, ELISSA, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought			82760.73 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			31945.71		
(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.					
Signature Madras, Andrew, , ,			Date MM / DD / YYYY 01 / 29 / 2025		

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NAME OF COMMITTEE (In Full) One For All Committee		FEC IDENTIFICATION NUMBER ▼ C C00752691	
Check if ☐ 24-hour report ☒ 48-hour report		☐ New report	☒ Amends report filed on
		M M / D D / Y Y Y Y Y Y 09 / 18 / 2024	

Full Name of Payee The New Media Firm			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2024	
Mailing Address 1730 Rhode Island Ave NW Ste 213			Amount 16869.99	
City Washington	State DC	Zip Code 20036-3118	Transaction ID : 500698202	
Purpose of Expenditure Digital Advertising		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2024	
Name of Federal Candidate TESTER, R., JON, ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MT	
Calendar Year-To-Date Per Election for Office Sought		191802.04	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____	

Full Name of Payee The New Media Firm			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2024	
Mailing Address 1730 Rhode Island Ave NW Ste 213			Amount 966042.86	
City Washington	State DC	Zip Code 20036-3118	Transaction ID : 500698204	
Purpose of Expenditure Digital Advertising		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2024	
Name of Federal Candidate HARRIS, KAMALA, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: US	
Calendar Year-To-Date Per Election for Office Sought		4977588.63	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	982912.85
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Madras, Andrew, , ,

Signature

Date

M M / D D / Y Y Y Y Y Y
01 / 29 / 2025

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 3
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		M M / D D / Y Y Y Y Y Y 09 / 18 / 2024	

Full Name of Payee The New Media Firm		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2024	
Mailing Address 1730 Rhode Island Ave NW Ste 213		Amount 15010.00	
City Washington	State DC	Zip Code 20036-3118	Transaction ID : 500698464
Purpose of Expenditure Digital Advertising		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2024
Name of Federal Candidate BALDWIN, TAMMY, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		1159964.03	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	
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	
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..... ▶	15010.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	1029868.56

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 Madras, Andrew, , ,

Date M M / D D / Y Y Y Y Y Y
01 / 29 / 2025