

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

NAME OF COMMITTEE (In Full) Independents Moving the Needle			FEC IDENTIFICATION NUMBER ▼ C C00858381		
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 Opinion Diagnostics LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 100 Sudbury St #3507			Amount 37500.00		
City Boston		State MA	Zip Code 02114		Transaction ID : SE.4340
Purpose of Expenditure PAC Digital Ads		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate HALEY, NIKKI, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: SC
Calendar Year-To-Date Per Election for Office Sought			37500.00		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..... ▶			37500.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			37500.00		
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 Bush, Jonathan, , ,			Date M M / D D / Y Y Y Y Y Y 02 / 05 / 2024		