

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

NAME OF COMMITTEE (In Full) YOU CAN PUSH BACK			FEC IDENTIFICATION NUMBER ▼ C C00946830		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY		
Full Name of Payee WEIRD LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 11 / 2026		
Mailing Address 418 BROADWAY, STE R			Amount 125000.00		
City NEW YORK		State NY	Zip Code 12207	Transaction ID : WFT20265191423-1	
Purpose of Expenditure DIGITAL ADS		Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 10 / 2026	
Name of Federal Candidate BORES, ALEXANDER, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 12 ☐ President ☐ Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought		3303530.00		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	
Full Name of Payee AB PARTNERS			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 11 / 2026		
Mailing Address 228 PARK AVE S, #73667			Amount 150000.00		
City NEW YORK		State NY	Zip Code 10003	Transaction ID : WFT20265191425-1	
Purpose of Expenditure DIGITAL ADS		Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 10 / 2026	
Name of Federal Candidate BORES, ALEXANDER, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 12 ☐ President ☐ Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought		3303530.00		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			275000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			275000.00		
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 SUTTON, JAMES, , ,			Date MM / DD / YYYY 06 / 19 / 2026		