

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

NAME OF COMMITTEE (In Full) NORTH STAR VALUES			FEC IDENTIFICATION NUMBER ▼ C C00882779		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY		
Full Name of Payee THE COEFFICIENT GROUP LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 07 / 2024		
Mailing Address 5100 MAIN ST			Amount 4422.89		
City KANSAS CITY		State MO	Zip Code 64112	Transaction ID : SE.4114	
Purpose of Expenditure TEXT MESSAGES		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 08 / 07 / 2024	
Name of Federal Candidate TEIRAB, JOE, , ,			☒ Support ☐ Oppose	Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City		State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY	
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..... ▶			4422.89		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			4422.89		
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 GANTT, CHARLES, , ,			Date MM / DD / YYYY 08 / 08 / 2024		