

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) SUPPORT OUR FIREFIGHTERS AND PARAMEDICS PAC		FEC IDENTIFICATION NUMBER ▼ C C00773788
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee CLOUD DATA SERVICES		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2024
Mailing Address 1009 WHITNEY RANCH DR.		Amount 500.91
City HENDERSON	State NV	Zip Code 89014
Purpose of Expenditure LEADS / PHONE LISTS(ESTIMATE)	Category/ Type 004	Transaction ID : SE-S1672741 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate CARBAJAL, SALUD, O, , ☒ Support ☐ Oppose		Office Sought: ☒ House District: 24 ☐ President ☐ Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 859.28		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee CLOUD DATA SERVICES		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2024
Mailing Address 1009 WHITNEY RANCH DR.		Amount 500.91
City HENDERSON	State NV	Zip Code 89014
Purpose of Expenditure LEADS / PHONE LISTS(ESTIMATE)	Category/ Type 004	Transaction ID : SE-S1672743 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate SMITH, CHRISTOPHER, H, , ☒ Support ☐ Oppose		Office Sought: ☒ House District: 04 ☐ President ☐ Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought 5242.73		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1001.82
(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.

CAPPLEMAN, OLIVER, , ,

Signature

Date

MM / DD / YYYY
09 / 12 / 2024

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) SUPPORT OUR FIREFIGHTERS AND PARAMEDICS PAC		FEC IDENTIFICATION NUMBER ▼ C C00773788
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee LAV SERVICES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2024
Mailing Address 1009 WHITNEY RANCH DR.		Amount 475.87
City HENDERSON	State NV	Zip Code 89014
Purpose of Expenditure PHONEBANK PAYROLL SERVICES(ESTIMATE)	Category/ Type 004	Transaction ID : SE-S1672749 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate CARBAJAL, SALUD, O, ,		☒ Support ☐ Oppose
		Office Sought: ☒ House District: 24 ☐ President ☐ Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee LAV SERVICES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2024
Mailing Address 1009 WHITNEY RANCH DR.		Amount 475.87
City HENDERSON	State NV	Zip Code 89014
Purpose of Expenditure PHONEBANK PAYROLL SERVICES(ESTIMATE)	Category/ Type 004	Transaction ID : SE-S1672751 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate SMITH, CHRISTOPHER, H, ,		☒ Support ☐ Oppose
		Office Sought: ☒ House District: 04 ☐ President ☐ Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	951.74
(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.

CAPPLEMAN, OLIVER, , ,

Signature

Date

MM / DD / YYYY
09 / 12 / 2024

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) SUPPORT OUR FIREFIGHTERS AND PARAMEDICS PAC		FEC IDENTIFICATION NUMBER ▼ C C00773788
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee STANDARD DATA SERVICES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2024
Mailing Address 513 MILL AVE SE SUITE 206		Amount 350.64
City NEW PHILADELPHIA	State OH	Zip Code 44663
Purpose of Expenditure CAGING AND DATABASE SERVICES(ESTIMATE)	Category/ Type 004	Transaction ID : SE-S1672745 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate CARBAJAL, SALUD, O, ,		☒ Support ☐ Oppose
		Office Sought: ☒ House District: 24 ☐ President ☐ Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee STANDARD DATA SERVICES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2024
Mailing Address 513 MILL AVE SE SUITE 206		Amount 350.64
City NEW PHILADELPHIA	State OH	Zip Code 44663
Purpose of Expenditure CAGING AND DATABASE SERVICES(ESTIMATE)	Category/ Type 004	Transaction ID : SE-S1672747 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate SMITH, CHRISTOPHER, H, ,		☒ Support ☐ Oppose
		Office Sought: ☒ House District: 04 ☐ President ☐ Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	701.28
(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.

CAPPLEMAN, OLIVER, , ,

Signature

Date

MM / DD / YYYY
09 / 12 / 2024

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 4 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) SUPPORT OUR FIREFIGHTERS AND PARAMEDICS PAC		FEC IDENTIFICATION NUMBER ▼ C C00773788
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee WIRED4DATA		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2024
Mailing Address 55 LAKE HAVASU AVE SOUTH F-677		Amount 926.69
City LAKE HAVASU CITY	State AZ	Zip Code 86403
Purpose of Expenditure PHONEBANK IT/TECH SUPPORT(ESTIMATE)	Category/ Type 004	Transaction ID : SE-S1672753 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate CARBAJAL, SALUD, O, ,		Office Sought: ☒ House District: 24 ☐ President ☐ Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee WIRED4DATA		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2024
Mailing Address 55 LAKE HAVASU AVE SOUTH F-677		Amount 926.69
City LAKE HAVASU CITY	State AZ	Zip Code 86403
Purpose of Expenditure PHONEBANK IT/TECH SUPPORT(ESTIMATE)	Category/ Type 004	Transaction ID : SE-S1672755 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate SMITH, CHRISTOPHER, H, ,		Office Sought: ☒ House District: 04 ☐ President ☐ Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1853.38
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	4508.22

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.

CAPPLEMAN, OLIVER, , ,

Signature

Date

MM / DD / YYYY
09 / 12 / 2024