

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

NAME OF COMMITTEE (In Full) GRANITE FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00857177		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Left hook			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address 2601 Ocean Park Blvd Suite 324			Amount 254886.60		
City Santa Monica		State CA	Zip Code 90405		Transaction ID : WFT20240101533-1
Purpose of Expenditure Digital & Radio Advertising		Category/ Type		Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Biden, Joseph, R, , Jr			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 704337.89			Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee Mission Control Inc			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address 624 Hebron Ave			Amount 72438.64		
City Glastonbury		State CT	Zip Code 06033		Transaction ID : WFT20240101538-1
Purpose of Expenditure Mail Production		Category/ Type		Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Biden, Joseph, R, , Jr			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 704337.89			Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			327325.24		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			327325.24		
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 Sullivan, Kathleen, , ,			Date MM / DD / YYYY		