

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) BLUE WAVE ACTION D/B/A BWA			FEC IDENTIFICATION NUMBER ▼ C C00882266		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Mail Matters LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2024		
Mailing Address 624 Hebron Ave			Amount 31342.00		
City Glastonbury		State CT	Zip Code 06033		Transaction ID : SE.4131
Purpose of Expenditure Direct Mail		Category/ Type 004		Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2024	
Name of Federal Candidate WATERS, MARY, , ,			☐ Support ☒ Oppose		Office Sought: ☒ House District: <u>13</u> ☐ President ☐ Senate State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought			1541673.46 Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶		
Full Name of Payee Mail Matters LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2024		
Mailing Address 624 Hebron Ave			Amount 9960.44		
City Glastonbury		State CT	Zip Code 06033		Transaction ID : SE.4132
Purpose of Expenditure Direct Mail		Category/ Type 004		Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2024	
Name of Federal Candidate HAWKINS, SHAKIRA, , ,			☒ Support ☐ Oppose		Office Sought: ☒ House District: <u>13</u> ☐ President ☐ Senate State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought			1551633.90 Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			41302.44		
(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.					
Signature Jones, John, , ,			Date MM / DD / YYYY 07 / 26 / 2024		

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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 Mail Matters LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 26 / 2024		
Mailing Address 624 Hebron Ave			Amount 9960.44		
City Glastonbury		State CT	Zip Code 06033		Transaction ID : SE.4133
Purpose of Expenditure Direct Mail		Category/ Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 26 / 2024	
Name of Federal Candidate WATERS, MARY, , ,			☐ Support ☒ Oppose		Office Sought: ☒ House District: <u>13</u> ☐ President ☐ Senate State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought			1561594.34 Disbursement For: ☒ Primary ☐ General ☐ 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		M M / D D / Y Y Y Y Y Y	
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..... ▶			9960.44		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			51262.88		
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 Jones, John, , ,			Date M M / D D / Y Y Y Y Y Y 07 / 26 / 2024		