

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

NAME OF COMMITTEE (In Full) WE DECIDE		FEC IDENTIFICATION NUMBER ▼ C C00887851	
Check if ☒ 24-hour report ☐ 48-hour report ☐ New report ☒ Amends report filed on		MM / DD / YYYY 10 / 31 / 2024	

Full Name of Payee Harris Media LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2024	
Mailing Address 66 W Flagler St Unit PH-1		Amount 250.00	
City Miami	State FL	Zip Code 33130	Transaction ID : SE.4169
Purpose of Expenditure Website Ads		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2024
Name of Federal Candidate PRESSLEY, AYANNA, , ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		250.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee Harris Media LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2024	
Mailing Address 66 W Flagler St Unit PH-1		Amount 11502.00	
City Miami	State FL	Zip Code 33130	Transaction ID : SE.4170
Purpose of Expenditure Digital Ad Buy		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2024
Name of Federal Candidate PRESSLEY, AYANNA, , ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		11752.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	11752.00
(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.

HOBBS, CABELL, , ,

Signature

Date

MM / DD / YYYY
10 / 31 / 2024

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SE

Transaction ID : SE.4170

Total costs is estimated based on all available information at the time of filing. If needed, report(s) will be amended.

Form/Schedule:

Transaction ID: