

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

NAME OF COMMITTEE (In Full) End Citizens United			FEC IDENTIFICATION NUMBER ▼ C C00573261		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M M D D D Y Y Y Y Y Y					
Full Name of Payee MZL Media LLC			Date of Public Distribution/Dissemination M M M D D D Y Y Y Y Y Y 04 30 2024		
Mailing Address 7 Colonial Ct			Amount 13542.00		
City Bay Shore		State NY	Zip Code 11706-8909		Transaction ID : 500177958
Purpose of Expenditure Media Production		Category/ Type		Date of Disbursement or Obligation M M M D D D Y Y Y Y Y Y 05 01 2024	
Name of Federal Candidate KIM, ANDY, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought 23542.00			Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶		
Full Name of Payee MZL Media LLC			Date of Public Distribution/Dissemination M M M D D D Y Y Y Y Y Y 04 30 2024		
Mailing Address 7 Colonial Ct			Amount 10000.00		
City Bay Shore		State NY	Zip Code 11706-8909		Transaction ID : 500177959
Purpose of Expenditure Media Buy		Category/ Type		Date of Disbursement or Obligation M M M D D D Y Y Y Y Y Y 05 01 2024	
Name of Federal Candidate KIM, ANDY, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought 23542.00			Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			23542.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			23542.00		
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 Coleman, Kimberly, , ,			Date M M M D D D Y Y Y Y Y Y 05 01 2024		