

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

NAME OF COMMITTEE (In Full) Battleground New York			FEC IDENTIFICATION NUMBER ▼ C C00859355		
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 32BJ United American Dream Fund			Date of Public Distribution/Dissemination 10 08 2024		
Mailing Address 25 W 18th St FI 5			Amount 2788.50		
City New York		State NY	Zip Code 10011-4676		Transaction ID : 500129554
Purpose of Expenditure Canvassing Services (Estimate)		Category/ Type		Date of Disbursement or Obligation M M M D D D Y Y Y Y Y Y	
Name of Federal Candidate JONES, MONDAIRE, , ,			☒ Support ☐ Oppose		Office Sought: ☒ House District: 17 ☐ President ☐ Senate State: NY
Calendar Year-To-Date Per Election for Office Sought			551218.01 Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination M M M D D D Y Y Y Y Y Y		
Mailing Address			Amount 		
City		State	Zip Code		Date of Disbursement or Obligation M M M D D D Y Y Y Y Y Y
Purpose of Expenditure		Category/ Type			
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..... ▶ 2788.50 (b) SUBTOTAL of Unitemized Independent Expenditures ▶ (c) TOTAL Independent Expenditures..... ▶ 2788.50					
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 <i>Seay, Gabrielle, , ,</i> Date 11 04 2024					