

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

NAME OF COMMITTEE (In Full) CHC BOLD PAC			FEC IDENTIFICATION NUMBER ▼ C C00365536	
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee K. Squared Media LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2024		
Mailing Address PO Box 56276		Amount 253605.00		
City Chicago	State IL	Zip Code 60656-0242	Transaction ID : 500453000	
Purpose of Expenditure Television and Radio Ad Buy - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2024	
Name of Federal Candidate GALLEGO, RUBEN, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought		895459.51	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	
Full Name of Payee Sena Kozar Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2024		
Mailing Address 3723 Jenifer St NW		Amount 2924.00		
City Washington	State DC	Zip Code 20015-1805	Transaction ID : 500452571	
Purpose of Expenditure Radio Ad Production - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2024	
Name of Federal Candidate GALLEGO, RUBEN, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought		895459.51	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		256529.00		
(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.				
Tinsmon, Cassandra, , , Signature		Date MM / DD / YYYY 09 / 19 / 2024		

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Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Uplift		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2024	
Mailing Address 2120 University Ave		Amount 112500.00	
City Berkeley	State CA	Zip Code 94704-1026	Transaction ID : 500452848
Purpose of Expenditure Digital Ad Buy - Estimate	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2024	
Name of Federal Candidate GALLEGO, RUBEN, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

Full Name of Payee Uplift		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2024	
Mailing Address 2120 University Ave		Amount 12500.00	
City Berkeley	State CA	Zip Code 94704-1026	Transaction ID : 500452849
Purpose of Expenditure Digital Ad Buy - Estimate	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2024	
Name of Federal Candidate LAKE, KARI, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	125000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	381529.00

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.

Tinsmon, Cassandra, , ,

Signature

Date

MM / DD / YYYY
09 / 19 / 2024