

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

NAME OF COMMITTEE (In Full) VOTERS FOR RESPONSIVE GOVERNMENT (VRG)			FEC IDENTIFICATION NUMBER ▼ C C00874875	
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee BUYING TIME, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 10 / 2024	
Mailing Address P.O. BOX 318			Amount 1103348.00	
City CROWNSVILLE		State MD	Zip Code 21032	
Purpose of Expenditure MEDIA BUY		Category/ Type 004		Transaction ID : EDT.E.6 Date of Disbursement or Obligation MM / DD / YYYY 05 / 09 / 2024
Name of Federal Candidate JAYAPAL, SUSHEELA, , ,			☐ Support ☒ Oppose Office Sought: ☒ House District: 03 ☐ President ☐ Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought 2314323.22			Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶	
Full Name of Payee NUNTUM, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 10 / 2024	
Mailing Address 850 NEW BURTON RD., STE. 201			Amount 45449.73	
City DOVER		State DE	Zip Code 19904	
Purpose of Expenditure MAILER		Category/ Type 004		Transaction ID : EDT.E.8 Date of Disbursement or Obligation MM / DD / YYYY 05 / 09 / 2024
Name of Federal Candidate JAYAPAL, SUSHEELA, , ,			☐ Support ☒ Oppose Office Sought: ☒ House District: 03 ☐ President ☐ Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought 2314323.22			Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1148797.73	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶			1148797.73	
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 DAVIDSON, CARY, , ,			Date MM / DD / YYYY 05 / 11 / 2024	