

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) SUPPORT OUR FIREFIGHTERS AND PARAMEDICS PAC			FEC IDENTIFICATION NUMBER ▼ C C00773788	
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y				
Full Name of Payee LAV SERVICES LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 19 / 2024 M M / D D / Y Y Y Y Y Y	
Mailing Address 1009 WHITNEY RANCH DR.			Amount 357.19	
City State Zip Code HENDERSON NV 89014		Transaction ID : SE-S1674315 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y		
Purpose of Expenditure PHONEBANK PAYROLL SERVICES(ESTIMATE)		Category/ Type 004		
Name of Federal Candidate CARBAJAL, SALUD, O, ,		☒ Support ☐ Oppose Office Sought: ☒ House ☐ Senate ☐ President District: 24 State: CA		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
Full Name of Payee LAV SERVICES LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 19 / 2024 M M / D D / Y Y Y Y Y Y	
Mailing Address 1009 WHITNEY RANCH DR.			Amount 357.18	
City State Zip Code HENDERSON NV 89014		Transaction ID : SE-S1674317 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y		
Purpose of Expenditure PHONEBANK PAYROLL SERVICES(ESTIMATE)		Category/ Type 004		
Name of Federal Candidate SMITH, CHRISTOPHER, H, ,		☒ Support ☐ Oppose Office Sought: ☒ House ☐ Senate ☐ President District: 04 State: NJ		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			714.37	
(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.				
CAPPLEMAN, OLIVER, , , Signature			Date M M / D D / Y Y Y Y Y Y 09 / 19 / 2024 M M / D D / Y Y Y Y Y Y	

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Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on / /					
Full Name of Payee STANDARD DATA SERVICES LLC			Date of Public Distribution/Dissemination / /		
Mailing Address 513 MILL AVE SE SUITE 206			Amount 335.95		
City NEW PHILADELPHIA		State OH	Zip Code 44663		Transaction ID : SE-S1674311
Purpose of Expenditure CAGING AND DATABASE SERVICES(ESTIMATE)		Category/ Type 004		Date of Disbursement or Obligation / /	
Name of Federal Candidate CARBAJAL, SALUD, O, ,			☒ Support ☐ Oppose		Office Sought: ☒ House ☐ President ☐ Senate District: 24 State: CA
Calendar Year-To-Date Per Election for Office Sought 859.28			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
Full Name of Payee STANDARD DATA SERVICES LLC			Date of Public Distribution/Dissemination / /		
Mailing Address 513 MILL AVE SE SUITE 206			Amount 335.95		
City NEW PHILADELPHIA		State OH	Zip Code 44663		Transaction ID : SE-S1674313
Purpose of Expenditure CAGING AND DATABASE SERVICES(ESTIMATE)		Category/ Type 004		Date of Disbursement or Obligation / /	
Name of Federal Candidate SMITH, CHRISTOPHER, H, ,			☒ Support ☐ Oppose		Office Sought: ☒ House ☐ President ☐ Senate District: 04 State: NJ
Calendar Year-To-Date Per Election for Office Sought 5242.73			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			671.90		
(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.					
CAPPLEMAN, OLIVER, , , Signature			Date / /		

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Full Name of Payee WIRED4DATA			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 19 / 2024 M M / D D / Y Y Y Y Y Y	
Mailing Address 55 LAKE HAVASU AVE SOUTH F-677			Amount 693.14	
City State Zip Code LAKE HAVASU CITY AZ 86403		Transaction ID : SE-S1674319 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y		
Purpose of Expenditure PHONEBANK IT/TECH SUPPORT(ESTIMATE)		Category/Type 004		
Name of Federal Candidate CARBAJAL, SALUD, O, ,		☒ Support ☐ Oppose Office Sought: ☒ House ☐ Senate ☐ President District: 24 State: CA		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
859.28				
Full Name of Payee WIRED4DATA			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 19 / 2024 M M / D D / Y Y Y Y Y Y	
Mailing Address 55 LAKE HAVASU AVE SOUTH F-677			Amount 693.14	
City State Zip Code LAKE HAVASU CITY AZ 86403		Transaction ID : SE-S1674321 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y		
Purpose of Expenditure PHONEBANK IT/TECH SUPPORT(ESTIMATE)		Category/Type 004		
Name of Federal Candidate SMITH, CHRISTOPHER, H, ,		☒ Support ☐ Oppose Office Sought: ☒ House ☐ Senate ☐ President District: 04 State: NJ		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
5242.73				
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1386.28	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶			2772.55	
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.				
CAPPLEMAN, OLIVER, , , Signature			Date M M / D D / Y Y Y Y Y Y 09 / 19 / 2024 M M / D D / Y Y Y Y Y Y	