

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

NAME OF COMMITTEE (In Full) UNITED BREAST CANCER SUPPORT PAC			FEC IDENTIFICATION NUMBER ▼ C C00824821	
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee LAV SERVICES LLC			Date of Public Distribution/Dissemination 09 / 19 / 2024	
Mailing Address 1009 WHITNEY RANCH DR.			Amount 537.95	
City HENDERSON	State NV	Zip Code 89014	Transaction ID : SE-S1674327	
Purpose of Expenditure PHONEBANK PAYROLL SERVICES(ESTIMATE)		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate KLOBUCHAR, AMY, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought 7539.01		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
Full Name of Payee LAV SERVICES LLC			Date of Public Distribution/Dissemination 09 / 19 / 2024	
Mailing Address 1009 WHITNEY RANCH DR.			Amount 537.94	
City HENDERSON	State NV	Zip Code 89014	Transaction ID : SE-S1674329	
Purpose of Expenditure PHONEBANK PAYROLL SERVICES(ESTIMATE)		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate ERNST, JONI, K, ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 1034.51		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1075.89	
(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.				
Signature COBOS, BEATRIZ, , ,			Date 09 / 19 / 2024	

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NAME OF COMMITTEE (In Full) UNITED BREAST CANCER SUPPORT PAC		FEC IDENTIFICATION NUMBER ▼ C C00824821
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee STANDARD DATA SERVICES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2024
Mailing Address 513 MILL AVE SE SUITE 206		Amount 496.57
City NEW PHILADELPHIA	State OH	Zip Code 44663
Purpose of Expenditure CAGING AND DATABASE SERVICES(ESTIMATE)	Category/ Type 004	Transaction ID : SE-S1674323 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate KLOBUCHAR, AMY, , ,		Office Sought: ☒ Support ☐ Oppose ☐ President ☒ Senate State: MN
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee STANDARD DATA SERVICES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2024
Mailing Address 513 MILL AVE SE SUITE 206		Amount 496.56
City NEW PHILADELPHIA	State OH	Zip Code 44663
Purpose of Expenditure CAGING AND DATABASE SERVICES(ESTIMATE)	Category/ Type 004	Transaction ID : SE-S1674325 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate ERNST, JONI, K, ,		Office Sought: ☒ Support ☐ Oppose ☐ President ☒ Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	993.13
(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.

COBOS, BEATRIZ, , ,

Signature

Date

MM / DD / YYYY
09 / 19 / 2024

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 3
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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 WIRED4DATA		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2024	
Mailing Address 55 LAKE HAVASU AVE SOUTH F-677		Amount 1034.52	
City LAKE HAVASU CITY	State AZ	Zip Code 86403	Transaction ID : SE-S1674331
Purpose of Expenditure PHONEBANK IT/TECH SUPPORT(ESTIMATE)		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate KLOBUCHAR, AMY, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: MN
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

Full Name of Payee WIRED4DATA		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2024	
Mailing Address 55 LAKE HAVASU AVE SOUTH F-677		Amount 1034.51	
City LAKE HAVASU CITY	State AZ	Zip Code 86403	Transaction ID : SE-S1674333
Purpose of Expenditure PHONEBANK IT/TECH SUPPORT(ESTIMATE)		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate ERNST, JONI, K, ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2069.03
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	4138.05

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.

COBOS, BEATRIZ, , ,

Signature

Date

MM / DD / YYYY
09 / 19 / 2024