

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

NAME OF COMMITTEE (In Full) AMERICA FIRST NORTH CAROLINA		FEC IDENTIFICATION NUMBER ▼ C C00860312
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee SPECTRUM MARKETING		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 23 / 2024
Mailing Address 95 EDDY RD SUITE 101		Amount 2187.53
City MANCHESTER	State NH	Zip Code 03102
Purpose of Expenditure DIRECT MAIL VOTER GUIDE	Category/ Type 004	Transaction ID : D85UB8T27G3ZZYED4W Date of Disbursement or Obligation MM / DD / YYYY 02 / 22 / 2024
Name of Federal Candidate HINES, BO, , ,		☒ Support ☐ Oppose Office Sought: ☒ House ☐ Senate District: 06 ☐ President State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶

Full Name of Payee SPECTRUM MARKETING		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 23 / 2024
Mailing Address 95 EDDY RD SUITE 101		Amount 2544.50
City MANCHESTER	State NH	Zip Code 03102
Purpose of Expenditure PRINTING FOR SIGNS	Category/ Type 004	Transaction ID : DTCX4PE3QEBJHFSXXKF Date of Disbursement or Obligation MM / DD / YYYY 02 / 22 / 2024
Name of Federal Candidate HINES, BO, , ,		☒ Support ☐ Oppose Office Sought: ☒ House ☐ Senate District: 06 ☐ President State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4732.03
(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.

THOMPSON, RICK, , ,

Signature

Date

MM / DD / YYYY
02 / 23 / 2024

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(Schedule E)PAGE 2 OF 2
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NAME OF COMMITTEE (In Full) AMERICA FIRST NORTH CAROLINA			FEC IDENTIFICATION NUMBER ▼ C C00860312		
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 SPECTRUM MARKETING			Date of Public Distribution/Dissemination 02 / 22 / 2024		
Mailing Address 95 EDDY RD SUITE 101			Amount 2544.50		
City MANCHESTER		State NH	Zip Code 03102		Transaction ID : DNYXK8NY4KJMYZBRM8;
Purpose of Expenditure PRINTING FOR SIGNS		Category/ Type 006		Date of Disbursement or Obligation 02 / 22 / 2024	
Name of Federal Candidate TRUMP, DONALD, J, ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: 0
Calendar Year-To-Date Per Election for Office Sought 2544.50			Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination 		
Mailing Address			Amount 		
City		State	Zip Code		Date of Disbursement or Obligation
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..... ▶			2544.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			7276.53		
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 THOMPSON, RICK, , ,			Date 02 / 23 / 2024		