

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

|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                |                                                                                                                                                             |                                                                                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>JERSEY REAL</b>                                                                                                                                                                                                                                                                                                           |  |                                                                                | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00739565                                                                                                           |                                                                                                                                                   |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on                                                                                                                                                          |  |                                                                                | MM / DD / YYYY                                                                                                                                              |                                                                                                                                                   |  |
| Full Name of Payee<br>ColdSpark                                                                                                                                                                                                                                                                                                                             |  |                                                                                | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>11 / 02 / 2024                                                                               |                                                                                                                                                   |  |
| Mailing Address Three PPG Place<br>Suite 5                                                                                                                                                                                                                                                                                                                  |  |                                                                                | Amount<br>6620.00                                                                                                                                           |                                                                                                                                                   |  |
| City<br>Pittsburgh                                                                                                                                                                                                                                                                                                                                          |  | State<br>PA                                                                    | Zip Code<br>15222                                                                                                                                           | Transaction ID : WFT20241031013-1                                                                                                                 |  |
| Purpose of Expenditure<br>Texting                                                                                                                                                                                                                                                                                                                           |  | Category/<br>Type                                                              | Date of Disbursement or Obligation<br>MM / DD / YYYY<br>11 / 03 / 2024                                                                                      |                                                                                                                                                   |  |
| Name of Federal Candidate<br>Kean, Thomas, , , Jr                                                                                                                                                                                                                                                                                                           |  | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House    District: 07<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: NJ |                                                                                                                                                   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |  | 193203.98                                                                      |                                                                                                                                                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ |  |
| Full Name of Payee<br>ColdSpark                                                                                                                                                                                                                                                                                                                             |  |                                                                                | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>11 / 02 / 2024                                                                               |                                                                                                                                                   |  |
| Mailing Address Three PPG Place<br>Suite 5                                                                                                                                                                                                                                                                                                                  |  |                                                                                | Amount<br>3310.00                                                                                                                                           |                                                                                                                                                   |  |
| City<br>Pittsburgh                                                                                                                                                                                                                                                                                                                                          |  | State<br>PA                                                                    | Zip Code<br>15222                                                                                                                                           | Transaction ID : WFT20241031015-1                                                                                                                 |  |
| Purpose of Expenditure<br>Texting                                                                                                                                                                                                                                                                                                                           |  | Category/<br>Type                                                              | Date of Disbursement or Obligation<br>MM / DD / YYYY<br>11 / 03 / 2024                                                                                      |                                                                                                                                                   |  |
| Name of Federal Candidate<br>Altman, Susan, , ,                                                                                                                                                                                                                                                                                                             |  | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House    District: 07<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: NJ |                                                                                                                                                   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |  | 196513.98                                                                      |                                                                                                                                                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ |  |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                    |  |                                                                                | 9930.00                                                                                                                                                     |                                                                                                                                                   |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶                                                                                                                                                                                                                                                                                                 |  |                                                                                |                                                                                                                                                             |                                                                                                                                                   |  |
| (c) TOTAL Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                                   |  |                                                                                | 9930.00                                                                                                                                                     |                                                                                                                                                   |  |
| 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. |  |                                                                                |                                                                                                                                                             |                                                                                                                                                   |  |
| Signature<br>Mondella, Theresa, , ,                                                                                                                                                                                                                                                                                                                         |  |                                                                                | Date<br>MM / DD / YYYY<br>11 / 03 / 2024                                                                                                                    |                                                                                                                                                   |  |