

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 5
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WORKING FAMILIES PARTY PAC		FEC IDENTIFICATION NUMBER ▼ C C00606962
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY / /

Full Name of Payee LC Media LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2024
Mailing Address 1604 Fawn Ln		Amount 50000.00
City Huntingdon Valley	State PA	Zip Code 19006
Purpose of Expenditure Digital ads	Category/ Type	Transaction ID : WFT20249312045-1 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2024
Name of Federal Candidate Altman, Susan, , ,		Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee House of Print And Thread LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2024
Mailing Address 11890 Old Baltimore Pike Suite J		Amount 2484.81
City Beltsville	State MD	Zip Code 20705
Purpose of Expenditure Direct mail	Category/ Type	Transaction ID : WFT20249312047-1 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2024
Name of Federal Candidate Alsobrooks, Angela, , ,		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MD
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	52484.81
(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.

Boland, Mike, , ,
Signature

Date MM / DD / YYYY
10 / 31 / 2024

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Full Name of Payee House of Print And Thread LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2024
Mailing Address 11890 Old Baltimore Pike Suite J		Amount 2952.05
City Beltsville	State MD	Zip Code 20705
Purpose of Expenditure Direct mail	Category/ Type	Transaction ID : WFT20249312050-1 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2024
Name of Federal Candidate Alsobrooks, Angela, , ,		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MD
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee Colonial Quality Printing		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2024
Mailing Address 2997 S Howell Ave		Amount 8254.35
City Milwaukee	State WI	Zip Code 53207
Purpose of Expenditure Printed literature	Category/ Type	Transaction ID : WFT20249312052-1 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2024
Name of Federal Candidate Harris, Kamala, , ,		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	11206.40
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Boland, Mike, , ,

Signature

Date

MM / DD / YYYY
10 / 31 / 2024

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NAME OF COMMITTEE (In Full) WORKING FAMILIES PARTY PAC		FEC IDENTIFICATION NUMBER ▼ C C00606962
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Community Labor Administrative Services, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2024
Mailing Address 77 Sands St 6th Floor		Amount 5000.00
City Brookl	State NY	Zip Code 11201
Purpose of Expenditure Texting (estimate)	Category/ Type	Transaction ID : WFT20249312043-1 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2024
Name of Federal Candidate Harris, Kamala, , ,		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee Community Labor Administrative Services, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2024
Mailing Address 77 Sands St 6th Floor		Amount 5000.00
City Brooklyn	State NY	Zip Code 11201
Purpose of Expenditure Texting (estimate)	Category/ Type	Transaction ID : WFT20249312039-1 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2024
Name of Federal Candidate Harris, Kamala, , ,		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	10000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Boland, Mike, , ,

Signature

Date

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10 / 31 / 2024

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Full Name of Payee Community Labor Administrative Services, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2024
Mailing Address 77 Sands St 6th Floor		Amount 500.00
City Brooklyn	State NY	Zip Code 11201
Purpose of Expenditure Phone banking (estimate)	Category/ Type	Transaction ID : WFT20249312040-1 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2024
Name of Federal Candidate Harris, Kamala, , ,		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee Community Labor Administrative Services, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2024
Mailing Address 77 Sands St 6th Floor		Amount 8000.00
City Brooklyn	State NY	Zip Code 11201
Purpose of Expenditure Phone banking (estimate)	Category/ Type	Transaction ID : WFT20249312058-1 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2024
Name of Federal Candidate Harris, Kamala, , ,		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	8500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Boland, Mike, , ,

Signature

Date

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Full Name of Payee Community Labor Administrative Services, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2024		
Mailing Address 77 Sands St 6th Floor			Amount 15000.00		
City Brooklyn		State NY	Zip Code 11201		Transaction ID : WFT20249312041-1
Purpose of Expenditure Phone banking (estimate)		Category/ Type		Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2024	
Name of Federal Candidate Harris, Kamala, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 3982219.91 ☐ Other (specify) ▶ _____		
Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount 		
City		State	Zip Code		Date of Disbursement or Obligation MM / DD / YYYY
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..... ▶ 15000.00 (b) SUBTOTAL of Unitemized Independent Expenditures ▶ (c) TOTAL Independent Expenditures..... ▶ 97191.21					
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 Boland, Mike, , ,			Date MM / DD / YYYY 10 / 31 / 2024		