

**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>BUILDING A STRONG RHODE ISLAND</b>                                                                                                                               | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00849034 |
| 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 |                                                   |

|                                                                         |             |                                                                                                                                              |                                                                                                                                                             |
|-------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br>Cox Media                                         |             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>08 / 30 / 2023                                                                |                                                                                                                                                             |
| Mailing Address 6205-B Peachtree Dunwoody Rd.                           |             | Amount<br>10004.50                                                                                                                           |                                                                                                                                                             |
| City<br>Atlanta                                                         | State<br>GA | Zip Code<br>30328                                                                                                                            | Transaction ID : WFT2023731015-1<br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br>08 / 30 / 2023                                                  |
| Purpose of Expenditure<br>Broadcast Advertising - Vote for Sabina Matos |             | Category/<br>Type                                                                                                                            |                                                                                                                                                             |
| Name of Federal Candidate<br>Matos, Sabina, , ,                         |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                               | Office Sought: <input checked="" type="checkbox"/> House    District: 01<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: RI |
| Calendar Year-To-Date<br>Per Election for Office Sought                 |             | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ |                                                                                                                                                             |

|                                                         |       |                                                                                                                                   |                                                                                                                                                        |
|---------------------------------------------------------|-------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee                                      |       | Date of Public Distribution/Dissemination<br>MM / DD / YYYY                                                                       |                                                                                                                                                        |
| Mailing Address                                         |       | Amount                                                                                                                            |                                                                                                                                                        |
| City                                                    | State | Zip Code                                                                                                                          | Date of Disbursement or Obligation<br>MM / DD / YYYY                                                                                                   |
| Purpose of Expenditure                                  |       | Category/<br>Type                                                                                                                 |                                                                                                                                                        |
| Name of Federal Candidate                               |       | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                               | Office Sought: <input type="checkbox"/> House    District: _____<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____ |
| Calendar Year-To-Date<br>Per Election for Office Sought |       | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ |                                                                                                                                                        |

|                                                                    |          |
|--------------------------------------------------------------------|----------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | 10004.50 |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ |          |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   | 10004.50 |

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 Alvarez, Paul, , ,

Date MM / DD / YYYY  
08 / 31 / 2023