

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

NAME OF COMMITTEE (In Full) American Federation of State County & Municipal Employees PEOPLE		FEC IDENTIFICATION NUMBER ▼ C C00011114
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee The Colibri Collective, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2024
Mailing Address 1425 1st Street, Suite 100		Amount 336000.00
City Phoenix	State AZ	Zip Code 85004-1635
Purpose of Expenditure 2024 IE Digital Media Buy for digital ads in NV Senate race. ESTIMATE		Category/ Type 004
Name of Federal Candidate Rosen, Jacky, , ,		☒ Support ☐ Oppose
		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee The Colibri Collective, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2024
Mailing Address 1425 1st Street, Suite 100		Amount 57921.63
City Phoenix	State AZ	Zip Code 85004-1635
Purpose of Expenditure 2024 IE for Production costs for digital ads in NV Senate Election. ESTIMATE		Category/ Type 004
Name of Federal Candidate Rosen, Jacky, , ,		☒ Support ☐ Oppose
		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	393921.63
(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.

McBride, Elissa, , ,

Signature

Date

MM / DD / YYYY
09 / 23 / 2024

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

NAME OF COMMITTEE (In Full) American Federation of State County & Municipal Employees PEOPLE			FEC IDENTIFICATION NUMBER ▼ C C00011114	
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 The Colibri Collective, LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 23 / 2024		
Mailing Address 1425 1st Street, Suite 100		Amount 48119.00		
City Phoenix	State AZ	Zip Code 85004-1635	Transaction ID : 500030879	
Purpose of Expenditure 2024 IE Media Buy for digital ads in NV Senate race. ESTIMATE		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 23 / 2024	
Name of Federal Candidate Rosen, Jacky, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought		948060.63	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	
Full Name of Payee		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address		Amount		
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
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.....		48119.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....		442040.63		
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 McBride, Elissa, , ,		Date M M / D D / Y Y Y Y Y Y 09 / 23 / 2024		