

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

NAME OF COMMITTEE (In Full) Left of Center PAC			FEC IDENTIFICATION NUMBER ▼ C C00690867		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee First Media NC			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2024		
Mailing Address 12714 NC Hwy.			Amount 692.00		
City Rocky Mount		State NC	Zip Code 27803		Transaction ID : SE.6588 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2024
Purpose of Expenditure Radio ads		Category/ Type			
Name of Federal Candidate TRUMP, DONALD J., , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 38740.00			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee Radio One			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2024		
Mailing Address 1 Julian Price Place			Amount 1470.00		
City Charlotte		State NC	Zip Code 28208		Transaction ID : SE.6589 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2024
Purpose of Expenditure Radio ads		Category/ Type			
Name of Federal Candidate TRUMP, DONALD J., , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 40210.00			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			2162.00		
(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. Signature Kozikowski, Debra, , , Date M M M / D D D / Y Y Y Y Y Y 10 / 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) Left of Center PAC			FEC IDENTIFICATION NUMBER ▼ C C00690867		
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 Urban One, Inc			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 22 / 2024		
Mailing Address PO Box 746625			Amount 10330.00		
City Atlanta		State GA	Zip Code 30374		Transaction ID : SE.6590
Purpose of Expenditure Radio ads		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2024	
Name of Federal Candidate TRUMP, DONALD J., , ,			☐ Support ☒ Oppose		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			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..... ▶			10330.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			12492.00		
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 Kozikowski, Debra, , ,			Date M M / D D / Y Y Y Y Y Y 10 / 23 / 2024		