

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

NAME OF COMMITTEE (In Full) NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY		FEC IDENTIFICATION NUMBER ▼ C C00350991
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Century Direct		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2024
Mailing Address 15 Enter Ln		Amount 15095.85
City Islandia	State NY	Zip Code 11749
Purpose of Expenditure Direct Mail	Category/ Type	Transaction ID : WFT20249161332-1 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 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 237880.35		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
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..... ▶	15095.85
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	15095.85

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.

Thaywe, Anita, , ,
Signature

Date MM / DD / YYYY
10 / 16 / 2024