

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WE DECIDE			FEC IDENTIFICATION NUMBER ▼ C C00887851		
Check if ☒ 24-hour report ☐ 48-hour report ☐ New report ☒ Amends report filed on					
		M M / D D / Y Y Y Y Y Y 10 / 31 / 2024			
Full Name of Payee Spectrum Marketing Companies			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2024		
Mailing Address 95 Eddy Rd Ste 101			Amount 18784.00		
City Manchester		State NH	Zip Code 03102		
Purpose of Expenditure Political Mailer		Category/ Type		Transaction ID : SE.4189 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 23 / 2024	
Name of Federal Candidate HARRIS, KAMALA, , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____ 18784.00		
Full Name of Payee Spectrum Marketing Companies			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2024		
Mailing Address 95 Eddy Rd Ste 101			Amount 18784.00		
City Manchester		State NH	Zip Code 03102		
Purpose of Expenditure Political Mailer		Category/ Type		Transaction ID : SE.4190 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 23 / 2024	
Name of Federal Candidate JONES, MONDAIRE, , ,			☐ Support ☒ Oppose		Office Sought: ☒ House District: <u>17</u> ☐ President ☐ Senate State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____ 71892.35		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			37568.00		
(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 HOBBS, CABELL, , ,			Date M M / D D / Y Y Y Y Y Y 10 / 31 / 2024		

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F24A

Transaction ID :

Report is amended because the incorrect state was accidentally selected on the original report

Form/Schedule:

Transaction ID:

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WE DECIDE	FEC IDENTIFICATION NUMBER ▼ C C00887851
Check if ☒ 24-hour report ☐ 48-hour report ☐ New report ☒ Amends report filed on	
MM / DD / YYYY 10 / 31 / 2024	

Full Name of Payee Spectrum Marketing Companies			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2024	
Mailing Address 95 Eddy Rd Ste 101			Amount 18784.00	
City Manchester	State NH	Zip Code 03102	Transaction ID : SE.4191	
Purpose of Expenditure Political Mailer		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2024	
Name of Federal Candidate GILLEN, LAURA, ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 04 ☐ President ☐ Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought		71892.35	Disbursement For: ☐ Primary ☒ General ☐ 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..... ▶	18784.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	56352.00

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.

HOBBS, CABELL, , ,

Signature

Date

MM / DD / YYYY
10 / 31 / 2024