

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

NAME OF COMMITTEE (In Full) Common Sense New York			FEC IDENTIFICATION NUMBER ▼ C C00877191		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY		
Full Name of Payee 5 Towns Jewish Times		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2024			
Mailing Address PO Box 690		Amount 1650.00			
City Lawrence	State NY	Zip Code 11559	Transaction ID : SE.4361		
Purpose of Expenditure Newspaper Advertisement		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 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		488274.09	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.....		1650.00			
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures.....		1650.00			
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 May, Jennifer, , ,		Date MM / DD / YYYY 11 / 02 / 2024			