

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

|                                                                                                                                                                                                    |  |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>TENNESSEE IMMIGRANT AND REFUGEE RIGHTS COALITION VOTES ACTION PAC</b>                                                                                            |  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><b>C</b> C00816173 |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  | MM / DD / YYYY                                           |

|                                                         |                   |                                                                                                                                                                   |                                                                                                                                                       |
|---------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br>Direct FX                         |                   | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>11 / 11 / 2025                                                                                     |                                                                                                                                                       |
| Mailing Address 8811 Hwy 51 N                           |                   | Amount<br>5687.64                                                                                                                                                 |                                                                                                                                                       |
| City<br>Southaven                                       | State<br>MS       | Zip Code<br>38671                                                                                                                                                 | <b>Transaction ID : SE.4327</b>                                                                                                                       |
| Purpose of Expenditure<br>Direct Mail                   | Category/<br>Type | Date of Disbursement or Obligation<br>MM / DD / YYYY<br>11 / 11 / 2025                                                                                            |                                                                                                                                                       |
| Name of Federal Candidate<br>BEHN, AFTYN, , ,           |                   | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                    | Office Sought: <input checked="" type="checkbox"/> House District: 07<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: TN |
| Calendar Year-To-Date<br>Per Election for Office Sought |                   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br>2025 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary |                                                                                                                                                       |

|                                                         |                   |                                                                                                                                                                   |                                                                                                                                                       |
|---------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br>Printing, Etc.                    |                   | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>11 / 10 / 2025                                                                                     |                                                                                                                                                       |
| Mailing Address 1411 S. Dickerson Road                  |                   | Amount<br>3843.91                                                                                                                                                 |                                                                                                                                                       |
| City<br>Goodlettsville                                  | State<br>TN       | Zip Code<br>37072                                                                                                                                                 | <b>Transaction ID : SE.4321</b>                                                                                                                       |
| Purpose of Expenditure<br>Literature                    | Category/<br>Type | Date of Disbursement or Obligation<br>MM / DD / YYYY<br>11 / 10 / 2025                                                                                            |                                                                                                                                                       |
| Name of Federal Candidate<br>BEHN, AFTYN, , ,           |                   | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                    | Office Sought: <input checked="" type="checkbox"/> House District: 07<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: TN |
| Calendar Year-To-Date<br>Per Election for Office Sought |                   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br>2025 <input checked="" type="checkbox"/> Other (specify) ▶ Special-General |                                                                                                                                                       |

|                                                                    |         |
|--------------------------------------------------------------------|---------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | 9531.55 |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ |         |
| (c) <b>TOTAL</b> 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.

Kilgore, Cara Doidge, , ,

Signature

Date

MM / DD / YYYY  
11 / 12 / 2025

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**(Schedule E)**PAGE 2 OF 2  
FOR SE OF FORM 24/48

|                                                                                                                                                                                                    |  |                                                   |
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| NAME OF COMMITTEE (In Full)<br><b>TENNESSEE IMMIGRANT AND REFUGEE RIGHTS COALITION VOTES ACTION PAC</b>                                                                                            |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00816173 |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  | MM / DD / YYYY                                    |

|                                                         |                   |                                                                                                                                                                   |
|---------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br>TIRRC Votes                       |                   | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>11 / 10 / 2025                                                                                     |
| Mailing Address 3310 Ezell Rd                           |                   | Amount<br>10665.97                                                                                                                                                |
| City<br>Nashville                                       | State<br>TN       | Zip Code<br>37211                                                                                                                                                 |
| Purpose of Expenditure<br>Canvassing & Staff Time       | Category/<br>Type | Transaction ID : SE.4329<br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br>11 / 10 / 2025                                                                |
| Name of Federal Candidate<br>BEHN, AFTYN, , ,           |                   | Office Sought: <input checked="" type="checkbox"/> House District: 07<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: TN             |
| Calendar Year-To-Date<br>Per Election for Office Sought |                   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br>2025 <input checked="" type="checkbox"/> Other (specify) ▶ Special-General |

|                                                         |                   |                                                                                                                                                                   |
|---------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br>Wong, Tom, K., ,                  |                   | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>11 / 10 / 2025                                                                                     |
| Mailing Address 2858 Spruce St.                         |                   | Amount<br>5570.00                                                                                                                                                 |
| City<br>San Diego                                       | State<br>CA       | Zip Code<br>92104                                                                                                                                                 |
| Purpose of Expenditure<br>Phone & Text Banking          | Category/<br>Type | Transaction ID : SE.4332<br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br>11 / 10 / 2025                                                                |
| Name of Federal Candidate<br>BEHN, AFTYN, , ,           |                   | Office Sought: <input checked="" type="checkbox"/> House District: 07<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: TN             |
| Calendar Year-To-Date<br>Per Election for Office Sought |                   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br>2025 <input checked="" type="checkbox"/> Other (specify) ▶ Special-General |

|                                                             |          |
|-------------------------------------------------------------|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶    | 16235.97 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ |          |
| (c) TOTAL Independent Expenditures..... ▶                   | 25767.52 |

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 Kilgore, Cara Doidge, , ,

Date

MM / DD / YYYY  
11 / 12 / 2025