

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
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 Community Labor Administrative Services Phone Calls		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024
Mailing Address 77 Sands Street 6th fl		Amount 20000.00
City Brooklyn	State NY	Zip Code 11201
Purpose of Expenditure Phone Calls	Category/ Type	Transaction ID : WFT20248241821-1 Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 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 130410.87		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee Jodice, Noah, , , Video Content Creation		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2024
Mailing Address 191 Bank St Extension 2		Amount 2600.00
City Lebanon	State OH	Zip Code 03766
Purpose of Expenditure Video Content Creation	Category/ Type	Transaction ID : WFT20248241815-1 Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 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 111310.87		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	22600.00
(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.

Thayer, Anita, , ,
Signature

Date 09 / 24 / 2024

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Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Community Labor Administrative Services		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024
Mailing Address Texting 77 Sands Street 6th Fl		Amount 100000.00
City Brooklyn	State NY	Zip Code 11201
Purpose of Expenditure Texting	Category/ Type	Transaction ID : WFT2024824186-1 Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2024
Name of Federal Candidate Harris, Kamala, , ,		Office Sought: ☒ 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 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		Office Sought: ☐ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	100000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	122600.00

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.

Thayer, Anita, , ,
Signature

Date MM / DD / YYYY
09 / 24 / 2024