

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

NAME OF COMMITTEE (In Full) American Federation of State County & Municipal Employees PEOPLE			FEC IDENTIFICATION NUMBER ▼ C C00011114		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Moxie Media			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2024		
Mailing Address P.O. Box 30084			Amount 39093.40		
City Seattle		State WA	Zip Code 98113-2084		Transaction ID : 500031454
Purpose of Expenditure 2024 IE Mail Piece Production and Shipping Costs for NV-04 House Race. ESTIMATE		Category/ Type 004		Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2024	
Name of Federal Candidate Horsford, Steven, , ,			☒ Support ☐ Oppose		Office Sought: ☒ House District: <u>04</u> ☐ President ☐ Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought 241121.02			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
Full Name of Payee Moxie Media			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2024		
Mailing Address P.O. Box 30084			Amount 14750.09		
City Seattle		State WA	Zip Code 98113-2084		Transaction ID : 500031455
Purpose of Expenditure 2024 IE Mail Piece Production and Shipping Costs for NV-04 House Race. ESTIMATE		Category/ Type 004		Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2024	
Name of Federal Candidate Horsford, Steven, , ,			☒ Support ☐ Oppose		Office Sought: ☒ House District: <u>04</u> ☐ President ☐ Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought 241121.02			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			53843.49		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			53843.49		
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 McBride, Elissa, , ,			Date MM / DD / YYYY 10 / 30 / 2024		