

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

NAME OF COMMITTEE (In Full) Stand for New York PAC			FEC IDENTIFICATION NUMBER ▼ C C00936591	
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on			M M / D D / Y Y Y Y Y Y	
Full Name of Payee Polaris Campaigns, Inc.		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 24 / 2026		
Mailing Address 505 C St NE		Amount 583333.00		
City Washington	State DC	Zip Code 20002-5809	Transaction ID : 500001392	
Purpose of Expenditure Media Buy - Estimate		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Lasher, Micah, Charles, ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 12 ☐ President ☐ Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought		2033123.40	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	
Full Name of Payee		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address		Amount		
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
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.....		583333.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....		583333.00		
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 Schrader, Jacob, , ,		Date M M / D D / Y Y Y Y Y Y 03 / 26 / 2026		