

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

NAME OF COMMITTEE (In Full) CHRONICALLY ILL AND DISABLED AMERICANS FOR PROGRESS		FEC IDENTIFICATION NUMBER ▼ C C00891937
Check if ☒ 24-hour report ☐ 48-hour report ☐ New report ☒ Amends report filed on		MM / DD / YYYY 11 / 03 / 2024

Full Name of Payee Google		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2024
Mailing Address 1600 Amphitheatre Pkwy		Amount 15000.00
City Mountain View	State CA	Zip Code 94043
Purpose of Expenditure Digital Advertising Expenses (Estimate)	Category/ Type	Transaction ID : WFT2024103228-1 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Trump, Donald, J, , ☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 100000.00		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 ☐ 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..... ▶	15000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	15000.00

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.

Cortland, Matthew, , ,

Signature

Date

MM / DD / YYYY
12 / 24 / 2024