

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Laborers' International Union of North America (LIUNA) PAC		FEC IDENTIFICATION NUMBER ▼ C C00007922	
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 Deepika Mehta LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 09 / 2024		
Mailing Address 7513 Spring Lake Dr Apt B1			Amount 300.00		
City Bethesda	State MD	Zip Code 20817-6521	Transaction ID : 500129559		
Purpose of Expenditure Estimated Cost for Design Services		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		228455.35	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		

Full Name of Payee Kelly Press			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 09 / 2024		
Mailing Address 1701 Cabin Branch Dr			Amount 1500.00		
City Cheverly	State MD	Zip Code 20785-3820	Transaction ID : 500129505		
Purpose of Expenditure Estimated Cost for Printing and Shipping of Stickers		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		228455.35	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1800.00
(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.

Sabitoni, Michael, F., ,

Signature

Date

M M / D D / Y Y Y Y Y Y
10 / 11 / 2024

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Laborers' International Union of North America (LIUNA) PAC			FEC IDENTIFICATION NUMBER ▼ C C00007922		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M M D D D Y Y Y Y Y Y					
Full Name of Payee Mosaic			Date of Public Distribution/Dissemination 10 10 2024		
Mailing Address 4801 Viewpoint Pl			Amount 9901.74		
City State Zip Code Hyattsville MD 20781-1100		Transaction ID : 500129506 Date of Disbursement or Obligation M M M D D D Y Y Y Y Y Y			
Purpose of Expenditure Estimated Cost for Production of Rally Signs		Category/ Type 004			
Name of Federal Candidate Harris, Kamala, , ,			☒ Support ☐ Oppose Office Sought: ☐ House ☐ Senate ☒ President District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee San FranStitchCo, Inc.			Date of Public Distribution/Dissemination 10 04 2024		
Mailing Address 624 Portal St Ste A			Amount 3877.44		
City State Zip Code Cotati CA 94931-3069		Transaction ID : 500129503 Date of Disbursement or Obligation M M M D D D Y Y Y Y Y Y			
Purpose of Expenditure Estimated Cost for Production of T-Shirts		Category/ Type 004			
Name of Federal Candidate Harris, Kamala, , ,			☒ Support ☐ Oppose Office Sought: ☐ House ☐ Senate ☒ President District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			13779.18		
(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.					
Signature Sabitoni, Michael, F., ,			Date 10 11 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 San FranStitchCo, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2024
Mailing Address 624 Portal St Ste A		Amount 3101.01
City Cotati	State CA	Zip Code 94931-3069
Purpose of Expenditure Estimated Cost for Production and Shipping of T-Shirts		Category/ Type 004
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose
		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶
228455.35		

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure		Date of Disbursement or Obligation MM / DD / YYYY
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.....▶	3101.01
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	18680.19

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.

Sabitoni, Michael, F., ,

Signature

Date

MM / DD / YYYY
10 / 11 / 2024