

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

NAME OF COMMITTEE (In Full) Community Change Voters			FEC IDENTIFICATION NUMBER ▼ C C00612820		
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 Juniper Language Transition, LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2024		
Mailing Address 710 Palisades Drive Northwest			Amount 403.77		
City State Zip Code Albuquerque NM 87105		Transaction ID : E-630 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 25 / 2024			
Purpose of Expenditure Interpretation Services		Category/ Type 007			
Name of Federal Candidate Harris, Kamala, D., ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			1529841.50 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee Middle Seat Consulting, LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 25 / 2024		
Mailing Address PO Box 21600			Amount 51000.00		
City State Zip Code Washington DC 20009		Transaction ID : E-624 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 25 / 2024			
Purpose of Expenditure Digital Ads		Category/ Type 004			
Name of Federal Candidate Harris, Kamala, D., ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			1580841.50 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			51403.77		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			51403.77		
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 <u>Berman, Jeff, , ,</u> Date M M / D D / Y Y Y Y Y Y 10 / 26 / 2024					