

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 5
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) PEOPLE POWER PENNSYLVANIA			FEC IDENTIFICATION NUMBER ▼ C C00882381		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Commonwealth Communications [MEMO ITEM]			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2024		
Mailing Address PO Box 22611			Amount 200.00		
City Philadelphia		State PA	Zip Code 19110-2611		Transaction ID : ECBEA6A69EA1E4676816
Purpose of Expenditure Video Conferencing (Estimate)		Category/ Type		Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Harris, Kamala, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: ZZ
Calendar Year-To-Date Per Election for Office Sought			2110170.91		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶
Full Name of Payee Commonwealth Communications [MEMO ITEM]			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2024		
Mailing Address PO Box 22611			Amount 33.75		
City Philadelphia		State PA	Zip Code 19110-2611		Transaction ID : ECBA406EA6E36496C8B7
Purpose of Expenditure Digital Production (Estimate)		Category/ Type		Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Trump, Donald, J., ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: ZZ
Calendar Year-To-Date Per Election for Office Sought			2110170.91		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			0		
(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 Perrone, Victoria, , ,			Date MM / DD / YYYY 10 / 22 / 2024		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 5
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) PEOPLE POWER PENNSYLVANIA		FEC IDENTIFICATION NUMBER ▼ C C00882381
Check if ☒ 24-hour report ☐ 48-hour report		☒ New report ☐ Amends report filed on

Full Name of Payee Commonwealth Communications X		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2024
Mailing Address PO Box 22611		Amount 200.00
City Philadelphia	State PA	Zip Code 19110-2611
Purpose of Expenditure Video Conferencing (Estimate)	Category/ Type	Transaction ID : EF4B833964A0A4885AF9 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Trump, Donald, J., , ☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: ZZ
Calendar Year-To-Date Per Election for Office Sought 2110170.91		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee Commonwealth Communications X		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2024
Mailing Address PO Box 22611		Amount 41.25
City Philadelphia	State PA	Zip Code 19110-2611
Purpose of Expenditure Digital Production (Estimate)	Category/ Type	Transaction ID : E16362DF210DB4A2BAE2 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Harris, Kamala, , , ☒ Support ☐ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: ZZ
Calendar Year-To-Date Per Election for Office Sought 2110170.91		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Perrone, Victoria, , ,
Signature

Date **10 / 22 / 2024**

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 5
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) PEOPLE POWER PENNSYLVANIA			FEC IDENTIFICATION NUMBER ▼ C C00882381		
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 Commonwealth Communications X			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 18 / 2024		
Mailing Address PO Box 22611			Amount 24.75		
City Philadelphia		State PA	Zip Code 19110-2611		Transaction ID : E4F5AEC4085AA41C59F4
Purpose of Expenditure Digital Production (Estimate)		Category/ Type		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: 00 ☒ President ☐ Senate State: ZZ
Calendar Year-To-Date Per Election for Office Sought 2110515.91			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
Full Name of Payee Commonwealth Communications X			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 18 / 2024		
Mailing Address PO Box 22611			Amount 150.00		
City Philadelphia		State PA	Zip Code 19110-2611		Transaction ID : E1CC8DE895E9344E59EA
Purpose of Expenditure Field Canvassing (Estimate)		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Trump, Donald, J., ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: ZZ
Calendar Year-To-Date Per Election for Office Sought 2110515.91			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			0.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
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Signature Perrone, Victoria, , ,			Date M M / D D / Y Y Y Y Y Y 10 / 22 / 2024		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 4 OF 5
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Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on / /				
Full Name of Payee Commonwealth Communications X			Date of Public Distribution/Dissemination / / 10 / 18 / 2024	
Mailing Address PO Box 22611			Amount 150.00	
City Philadelphia		State PA	Zip Code 19110-2611	
Purpose of Expenditure Field Canvassing (Estimate)		Category/Type		
Name of Federal Candidate Harris, Kamala, , ,			Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: ZZ	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	
Full Name of Payee Commonwealth Communications X			Date of Public Distribution/Dissemination / / 10 / 18 / 2024	
Mailing Address PO Box 22611			Amount 20.25	
City Philadelphia		State PA	Zip Code 19110-2611	
Purpose of Expenditure Digital Production (Estimate)		Category/Type		
Name of Federal Candidate Trump, Donald, J., ,			Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: ZZ	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 0.00				
(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.				
Signature Perrone, Victoria, , ,			Date / / 10 / 22 / 2024	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 5 OF 5
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NAME OF COMMITTEE (In Full) PEOPLE POWER PENNSYLVANIA		FEC IDENTIFICATION NUMBER ▼ C C00882381
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Electica, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2024
Mailing Address 5185 MacArthur Blvd NW Ste 103-451		Amount 100000.00
City Washington	State DC	Zip Code 20016-3341
Purpose of Expenditure Digital Advertising	Category/ Type	Transaction ID : E098AD123E5FC4336A07 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2024
Name of Federal Candidate Trump, Donald, J., , ☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: ZZ
Calendar Year-To-Date Per Election for Office Sought 2210515.91		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..... ▶	100000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	100233.75

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.

Perrone, Victoria, , ,

Signature

Date

MM / DD / YYYY
10 / 22 / 2024