

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) ORGANIZING EMPOWERMENT PAC			FEC IDENTIFICATION NUMBER ▼ C C00763409		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y					
Full Name of Payee Divisible Inc dba DOTS			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 09 / 2024 M M / D D / Y Y Y Y Y Y		
Mailing Address 1501 Mariposa Street			Amount 2425.00		
City State Zip Code San Francisco CA 94107		Transaction ID : SE.4867 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 09 / 2024 M M / D D / Y Y Y Y Y Y			
Purpose of Expenditure Cavassing via text		Category/ Type 004			
Name of Federal Candidate Harris, Kamala, , ,			☒ Support ☐ Oppose Office Sought: ☐ House ☒ President ☐ Senate District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee Divisible Inc dba DOTS			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 09 / 2024 M M / D D / Y Y Y Y Y Y		
Mailing Address 1501 Mariposa Street			Amount 625.00		
City State Zip Code San Francisco CA 94107		Transaction ID : SE.4868 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 09 / 2024 M M / D D / Y Y Y Y Y Y			
Purpose of Expenditure Cavassing via text		Category/ Type 004			
Name of Federal Candidate Harris, Kamala, , ,			☒ Support ☐ Oppose Office Sought: ☐ House ☒ President ☐ Senate District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			3050.00		
(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 <u>Pfohl, Michael, , ,</u> Date M M / D D / Y Y Y Y Y Y 10 / 11 / 2024 M M / D D / Y Y Y Y Y Y					

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) ORGANIZING EMPOWERMENT PAC		FEC IDENTIFICATION NUMBER ▼ C C00763409	
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 Divisible Inc dba DOTS			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 09 / 2024		
Mailing Address 1501 Mariposa Street			Amount 11750.00		
City San Francisco	State CA	Zip Code 94107	Transaction ID : SE.4869		
Purpose of Expenditure Cavassing via text		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 09 / 2024		
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		20184.12	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		

Full Name of Payee Divisible Inc dba DOTS			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 09 / 2024		
Mailing Address 1501 Mariposa Street			Amount 1420.00		
City San Francisco	State CA	Zip Code 94107	Transaction ID : SE.4870		
Purpose of Expenditure Cavassing via text		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 09 / 2024		
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		21604.12	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	13170.00
(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.

Pfuhl, Michael, , ,

Signature

Date

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

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) ORGANIZING EMPOWERMENT PAC		FEC IDENTIFICATION NUMBER ▼ C C00763409	
Check if ☐ 24-hour report ☒ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee Divisible Inc dba DOTS		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 09 / 2024	
Mailing Address 1501 Mariposa Street		Amount 350.00	
City San Francisco	State CA	Zip Code 94107	Transaction ID : SE.4871
Purpose of Expenditure Cavassing via text		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 09 / 2024
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		21954.12	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

Full Name of Payee Divisible Inc dba DOTS		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 09 / 2024	
Mailing Address 1501 Mariposa Street		Amount 275.00	
City San Francisco	State CA	Zip Code 94107	Transaction ID : SE.4872
Purpose of Expenditure Cavassing via text		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 09 / 2024
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		22229.12	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	625.00
(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.

Pfuhl, Michael, , ,

Signature

Date

MM / DD / YYYY
10 / 11 / 2024

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 4 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) ORGANIZING EMPOWERMENT PAC		FEC IDENTIFICATION NUMBER ▼ C C00763409
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Scale To Win		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 02 / 2024
Mailing Address 13742 Harper Street		Amount 266.60
City Santa Ana	State CA	Zip Code 92703
Purpose of Expenditure Cavassing via text	Category/ Type 004	Transaction ID : SE.4862 Date of Disbursement or Obligation MM / DD / YYYY 10 / 02 / 2024
Name of Federal Candidate Harris, Kamala, , ,		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee Scale To Win		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 08 / 2024
Mailing Address 13742 Harper Street		Amount 1327.00
City Santa Ana	State CA	Zip Code 92703
Purpose of Expenditure Cavassing via text	Category/ Type 004	Transaction ID : SE.4863 Date of Disbursement or Obligation MM / DD / YYYY 10 / 08 / 2024
Name of Federal Candidate Harris, Kamala, , ,		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1593.60
(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.

Pfuhl, Michael, , ,

Signature

Date

MM / DD / YYYY
10 / 11 / 2024

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 5 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) ORGANIZING EMPOWERMENT PAC			FEC IDENTIFICATION NUMBER ▼ C C00763409		
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 M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Scale To Win			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 08 / 2024 M M M / D D D / Y Y Y Y Y Y		
Mailing Address 13742 Harper Street			Amount 1642.87		
City State Zip Code Santa Ana CA 92703		Transaction ID : SE.4864 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 08 / 2024 M M M / D D D / Y Y Y Y Y Y			
Purpose of Expenditure Cavassing via text		Category/ Type 004			
Name of Federal Candidate Harris, Kamala, , ,			☒ Support ☐ Oppose Office Sought: ☐ House ☒ President ☐ Senate District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee Scale To Win			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 09 / 2024 M M M / D D D / Y Y Y Y Y Y		
Mailing Address 13742 Harper Street			Amount 759.75		
City State Zip Code Santa Ana CA 92703		Transaction ID : SE.4865 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 09 / 2024 M M M / D D D / Y Y Y Y Y Y			
Purpose of Expenditure Cavassing via text		Category/ Type 004			
Name of Federal Candidate Harris, Kamala, , ,			☒ Support ☐ Oppose Office Sought: ☐ House ☒ President ☐ Senate District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			2402.62		
(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 <u>Pfohl, Michael, , ,</u> Date M M M / D D D / Y Y Y Y Y Y 10 / 11 / 2024 M M M / D D D / Y Y Y Y Y Y					

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 6 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) ORGANIZING EMPOWERMENT PAC			FEC IDENTIFICATION NUMBER ▼ C C00763409		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on / /					
Full Name of Payee Scale To Win			Date of Public Distribution/Dissemination / /		
Mailing Address 13742 Harper Street			Amount 1387.90		
City State Zip Code Santa Ana CA 92703		Transaction ID : SE.4866 Date of Disbursement or Obligation / /			
Purpose of Expenditure Cavassing via text		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) ▶ _____		
Full Name of Payee			Date of Public Distribution/Dissemination		
Mailing Address			Amount		
City State Zip Code			Date of Disbursement or Obligation		
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..... ▶ 1387.90 (b) SUBTOTAL of Unitemized Independent Expenditures ▶ (c) TOTAL Independent Expenditures..... ▶ 22229.12					
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 Pfohl, Michael, , , Date / /					