

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

NAME OF COMMITTEE (In Full) DEMOCRATIC VOTERS PAC			FEC IDENTIFICATION NUMBER ▼ C C00816868		
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 St			Amount 190.00		
City State Zip Code Santa Ana CA 92703		Transaction ID : SE.4119 Date of Disbursement or Obligation / /			
Purpose of Expenditure Text Message Advertising		Category/ Type 004			
Name of Federal Candidate TRUMP, DONALD J., , ,			☐ 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 / /		
Mailing Address 13742 Harper St			Amount 190.00		
City State Zip Code Santa Ana CA 92703		Transaction ID : SE.4120 Date of Disbursement or Obligation / /			
Purpose of Expenditure Text Message Advertising		Category/ Type 004			
Name of Federal Candidate TRUMP, DONALD J., , ,			☐ 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..... ▶			380.00		
(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 Haggard, Lora, , ,			Date / /		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) DEMOCRATIC VOTERS PAC		FEC IDENTIFICATION NUMBER ▼ C C00816868
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 09 / 11 / 2024
Mailing Address 13742 Harper St		Amount 190.00
City Santa Ana	State CA	Zip Code 92703
Purpose of Expenditure Text Message Advertising	Category/ Type 004	Transaction ID : SE.4121 Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2024
Name of Federal Candidate TRUMP, DONALD J., , ,		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 09 / 11 / 2024
Mailing Address 13742 Harper St		Amount 360.00
City Santa Ana	State CA	Zip Code 92703
Purpose of Expenditure Text Message Advertising	Category/ Type 004	Transaction ID : SE.4122 Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 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..... ▶	550.00
(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.

Haggard, Lora, , ,

Signature

Date

MM / DD / YYYY
09 / 12 / 2024

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

NAME OF COMMITTEE (In Full) DEMOCRATIC VOTERS PAC			FEC IDENTIFICATION NUMBER ▼ C C00816868		
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 M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y		
Mailing Address 13742 Harper St			Amount 360.00		
City State Zip Code Santa Ana CA 92703		Transaction ID : SE.4123 Date of Disbursement or Obligation 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			
Purpose of Expenditure Text Message Advertising		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 Scale To Win			Date of Public Distribution/Dissemination 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		
Mailing Address 13742 Harper St			Amount 49073.83		
City State Zip Code Santa Ana CA 92703		Transaction ID : SE.4124 Date of Disbursement or Obligation 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			
Purpose of Expenditure Text Message Advertising		Category/ Type 004			
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			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			49433.83		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			50363.83		
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 <i>Haggard, Lora, , ,</i> Date 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					