

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

NAME OF COMMITTEE (In Full) THE IMPACT FUND			FEC IDENTIFICATION NUMBER ▼ C C00876391		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY		
Full Name of Payee GPS Impact		Date of Public Distribution/Dissemination MM / DD / YYYY			
Mailing Address 112 SE 4Th St Unit 202		Amount 25000.00			
City Des Moines	State IA	Zip Code 50309-4858	Transaction ID : 500080988		
Purpose of Expenditure Digital Advertising		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate SUBRAMANYAM, SUHAS, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 10 ☐ President ☐ Senate State: VA		
Calendar Year-To-Date Per Election for Office Sought		574469.33	Disbursement For: ☒ Primary ☐ General ☐ 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	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.....		25000.00			
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures.....		25000.00			
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 Jackson, Sue, , ,		Date MM / DD / YYYY			