

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 2  
FOR SE OF FORM 24/48

|                                                                                                                                                                                                    |  |                                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>ONE APIA PAC</b>                                                                                                                                                 |  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><b>C</b> C00761072 |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on |  | MM / DD / YYYY<br>10 / 22 / 2024                         |  |

|                                                         |                   |                                                                                                                                                   |                                                                                                                                                             |
|---------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br>Intersection Agency LLC           |                   | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>10 / 19 / 2024                                                                     |                                                                                                                                                             |
| Mailing Address 9840 Willows Rd NE Suite 200            |                   | Amount<br>24600.00                                                                                                                                |                                                                                                                                                             |
| City<br>Redmond                                         | State<br>WA       | Zip Code<br>98052                                                                                                                                 | <b>Transaction ID : WFT20249191545-1</b>                                                                                                                    |
| Purpose of Expenditure<br>Radio Ads                     | Category/<br>Type | Date of Disbursement or Obligation<br>MM / DD / YYYY                                                                                              |                                                                                                                                                             |
| Name of Federal Candidate<br>Harris, Kamala, , ,        |                   | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                    | Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |
| Calendar Year-To-Date<br>Per Election for Office Sought |                   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ |                                                                                                                                                             |

|                                                         |                   |                                                                                                                                                   |                                                                                                                                                             |
|---------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br>Intersection Agency LLC           |                   | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>10 / 19 / 2024                                                                     |                                                                                                                                                             |
| Mailing Address 9840 Willows Rd NE Suite 200            |                   | Amount<br>256766.00                                                                                                                               |                                                                                                                                                             |
| City<br>Redmond                                         | State<br>WA       | Zip Code<br>98052                                                                                                                                 | <b>Transaction ID : WFT20249191546-1</b>                                                                                                                    |
| Purpose of Expenditure<br>Digital ad                    | Category/<br>Type | Date of Disbursement or Obligation<br>MM / DD / YYYY                                                                                              |                                                                                                                                                             |
| Name of Federal Candidate<br>Harris, Kamala, , ,        |                   | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                    | Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |
| Calendar Year-To-Date<br>Per Election for Office Sought |                   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ |                                                                                                                                                             |

|                                                                    |           |
|--------------------------------------------------------------------|-----------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | 281366.00 |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ |           |
| (c) <b>TOTAL</b> 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.

Jeng, Eric, , ,

Signature

Date

MM / DD / YYYY  
12 / 06 / 2024

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

|                                                                                                                                                                                                    |  |                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>ONE APIA PAC</b>                                                                                                                                                 |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00761072 |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on |  | MM / DD / YYYY<br>10 / 22 / 2024                  |  |

|                                                         |             |                                                                                |                                                                                                                                                             |
|---------------------------------------------------------|-------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br>Intersection Agency LLC           |             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>10 / 19 / 2024  |                                                                                                                                                             |
| Mailing Address 9840 Willows Rd NE Suite 200            |             | Amount<br>218634.00                                                            |                                                                                                                                                             |
| City<br>Redmond                                         | State<br>WA | Zip Code<br>98052                                                              | Transaction ID : WFT20249191537-1<br>Date of Disbursement or Obligation<br>MM / DD / YYYY                                                                   |
| Purpose of Expenditure<br>TV and Streaming Video Ads    |             | Category/<br>Type                                                              |                                                                                                                                                             |
| Name of Federal Candidate<br>Harris, Kamala, , ,        |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |
| Calendar Year-To-Date<br>Per Election for Office Sought |             | 1060081.87                                                                     | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____     |

|                                                         |       |                                                                     |                                                                                                                                                  |
|---------------------------------------------------------|-------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee                                      |       | Date of Public Distribution/Dissemination<br>MM / DD / YYYY         |                                                                                                                                                  |
| Mailing Address                                         |       | Amount                                                              |                                                                                                                                                  |
| City                                                    | State | Zip Code                                                            | Date of Disbursement or Obligation<br>MM / DD / YYYY                                                                                             |
| Purpose of Expenditure                                  |       | Category/<br>Type                                                   |                                                                                                                                                  |
| Name of Federal Candidate                               |       | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |
| Calendar Year-To-Date<br>Per Election for Office Sought |       |                                                                     | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____          |

|                                                             |           |
|-------------------------------------------------------------|-----------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶    | 218634.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ |           |
| (c) TOTAL Independent Expenditures..... ▶                   | 500000.00 |

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.

Jeng, Eric, , ,  
Signature

Date MM / DD / YYYY  
12 / 06 / 2024