

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

NAME OF COMMITTEE (In Full) MoveOn.Org Political Action			FEC IDENTIFICATION NUMBER ▼ C C00341396	
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Ascend Messaging		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2026		
Mailing Address 125 W 96Th St Apt 1K		Amount 370.50		
City New York	State NY	Zip Code 10025-6420	Transaction ID : 500077857	
Purpose of Expenditure Text Messages - Estimate		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2026	
Name of Federal Candidate EL-SAYED, ABDUL, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought		44645.90	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	
Full Name of Payee Prompt.io		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 20 / 2026		
Mailing Address 14419 Greenwood Ave N Ste Pm A		Amount 1284.05		
City Seattle	State WA	Zip Code 98133-6865	Transaction ID : 500077855	
Purpose of Expenditure Text Messages - Estimate		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 20 / 2026	
Name of Federal Candidate EL-SAYED, ABDUL, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought		44645.90	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		1654.55		
(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.				
Matzzie, Tom, , , Signature		Date MM / DD / YYYY 07 / 21 / 2026		

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

NAME OF COMMITTEE (In Full) MoveOn.Org Political Action		FEC IDENTIFICATION NUMBER ▼ C C00341396
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Prompt.lo		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 20 / 2026
Mailing Address 14419 Greenwood Ave N Ste Pm A		Amount 1284.05
City Seattle	State WA	Zip Code 98133-6865
Purpose of Expenditure Text Messages - Estimate	Category/ Type 004	Transaction ID : 500077856 Date of Disbursement or Obligation MM / DD / YYYY 07 / 20 / 2026
Name of Federal Candidate LAWRENCE, WILLIAM, , , ☒ Support ☐ Oppose		Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 3901.88		Disbursement For: ☒ Primary ☐ General ☐ 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..... ▶	1284.05
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	2938.60

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.

Matzzie, Tom, , ,
Signature

Date MM / DD / YYYY
07 / 21 / 2026