

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

NAME OF COMMITTEE (In Full) People's Action Power		FEC IDENTIFICATION NUMBER ▼ C C00738237	
Check if ☐ 24-hour report ☒ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee Friedrich, Alyssa, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2024	
Mailing Address 1301 Connecticut Ave NW		Amount 25000.00	
City Washington	State DC	Zip Code 20036-1815	Transaction ID : 500191877
Purpose of Expenditure Estimated Cost for Voter Outreach Services		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		1735120.28	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee Thao, Dai, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2024	
Mailing Address 1301 Connecticut Ave NW		Amount 20000.00	
City Washington	State DC	Zip Code 20036-1815	Transaction ID : 500191878
Purpose of Expenditure Estimated Cost for Voter Outreach Services		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		1735120.28	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	45000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	45000.00

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.

Popadiak, Marta, , ,

Signature

Date

MM / DD / YYYY
10 / 18 / 2024