

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

NAME OF COMMITTEE (In Full) Committee To Protect Health Care PAC			FEC IDENTIFICATION NUMBER ▼ C C00736637		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee The Original Print Shoppe			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 23 / 2024		
Mailing Address 270 S Telegraph Rd			Amount 28026.50		
City Pontiac		State MI	Zip Code 48341-1979		
Purpose of Expenditure Postage and Mailing Services		Category/ Type	Transaction ID : 500193673 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 23 / 2024		
Name of Federal Candidate TRUMP, DONALD, J., ,			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: US		
Calendar Year-To-Date Per Election for Office Sought 205547.38			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
Full Name of Payee The Original Print Shoppe			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 23 / 2024		
Mailing Address 270 S Telegraph Rd			Amount 28026.51		
City Pontiac		State MI	Zip Code 48341-1979		
Purpose of Expenditure Postage and Mailing Services		Category/ Type	Transaction ID : 500193681 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 23 / 2024		
Name of Federal Candidate HARRIS, KAMALA, , ,			☒ Support ☐ Oppose Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: US		
Calendar Year-To-Date Per Election for Office Sought 205547.38			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			56053.01		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			56053.01		
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 Bryson, Joel, , ,			Date M M / D D / Y Y Y Y Y Y 10 / 24 / 2024		