

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

NAME OF COMMITTEE (In Full) VOTAR ES PODER PAC			FEC IDENTIFICATION NUMBER ▼ C C00758011	
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 Base Builder		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 10 / 2024		
Mailing Address 81 Prospect St		Amount 16807.00		
City Brooklyn	State NY	Zip Code 11201	Transaction ID : SE.4819	
Purpose of Expenditure IE - Gallego - Paid Canvass (estimate)		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate GALLEGO, RUBEN, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought		16807.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	
Full Name of Payee Base Builder		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 10 / 2024		
Mailing Address 81 Prospect St		Amount 42162.50		
City Brooklyn	State NY	Zip Code 11201	Transaction ID : SE.4820	
Purpose of Expenditure IE - Harris - Paid Canvass (estimate)		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate HARRIS, KAMALA, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought		42162.50	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		58969.50		
(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.				
Signature Sanchez, Yadira, , ,		Date M M / D D / Y Y Y Y Y Y 10 / 12 / 2024		

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NAME OF COMMITTEE (In Full) VOTAR ES PODER PAC		FEC IDENTIFICATION NUMBER ▼ C C00758011
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee J&R Graphics		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2024
Mailing Address 638 W Indian School Rd		Amount 2305.00
City Phoenix	State AZ	Zip Code 85013
Purpose of Expenditure IE - Gallego - Literature printing (estimate)		Category/Type
Name of Federal Candidate GALLEGO, RUBEN, , ,		☒ Support ☐ Oppose
Office Sought: ☐ President ☒ Senate		District: _____ State: AZ
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee J&R Graphics		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2024
Mailing Address 638 W Indian School Rd		Amount 3996.00
City Phoenix	State AZ	Zip Code 85013
Purpose of Expenditure IE - Harris - Literature Printing (estimate)		Category/Type
Name of Federal Candidate HARRIS, KAMALA, , ,		☒ Support ☐ Oppose
Office Sought: ☒ President ☐ Senate		District: _____ State: AZ
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6301.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	65270.50

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 _____
Sanchez, Yadira, , ,

Date MM / DD / YYYY
10 / 12 / 2024