

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

NAME OF COMMITTEE (In Full) BLACK LEADERSHIP FEDERAL PAC			FEC IDENTIFICATION NUMBER ▼ C C00887414		
Check if ☒ 24-hour report ☐ 48-hour report ☐ New report ☒ Amends report filed on			MM / DD / YYYY 10 / 24 / 2024		
Full Name of Payee GPS Impact		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2024			
Mailing Address 112 SE 4th St		Amount 57176.00			
City Des Moines	State IA	Zip Code 50309	Transaction ID : WFT20249241126-1		
Purpose of Expenditure Advertising Billboards		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2024		
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		156644.10	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee GPS Impact		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2024			
Mailing Address 112 SE 4th St		Amount 50000.00			
City Des Moines	State IA	Zip Code 50309	Transaction ID : WFT20249241128-1		
Purpose of Expenditure Advertising Billboards		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2024		
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		206644.10	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		107176.00			
(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.					
Etienne, Stephanie, , , Signature		Date MM / DD / YYYY 11 / 19 / 2024			

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(Schedule E)PAGE 2 OF 2
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NAME OF COMMITTEE (In Full) BLACK LEADERSHIP FEDERAL PAC			FEC IDENTIFICATION NUMBER ▼ C C00887414		
Check if ☒ 24-hour report ☐ 48-hour report ☐ New report ☒ Amends report filed on					
		M M / D D / Y Y Y Y Y Y 10 / 24 / 2024			
Full Name of Payee Jackson-Garrett, Zahn, , ,			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2024		
Mailing Address PO Box 20923			Amount 10000.00		
City State Zip Code Baltimore MD 21209		Transaction ID : WFT20249241130-1 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 24 / 2024			
Purpose of Expenditure Social Media Advertising		Category/ Type			
Name of Federal Candidate Harris, Kamala, , ,			☒ Support ☐ Oppose Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee Clear Channel Outdoor, LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 22 / 2024		
Mailing Address 9130 State Rd			Amount 92608.39		
City State Zip Code Philadelphia PA 19136		Transaction ID : WFT20249241147-1 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 22 / 2024			
Purpose of Expenditure Advertising		Category/ Type			
Name of Federal Candidate Harris, Kamala, , ,			☒ Support ☐ Oppose Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			102608.39		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			209784.39		
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 Etienne, Stephanie, , ,			Date M M / D D / Y Y Y Y Y Y 11 / 19 / 2024		