

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) ORGANIZING EMPOWERMENT PAC			FEC IDENTIFICATION NUMBER ▼ C C00763409	
Check if ☒ 24-hour report ☐ 48-hour report ☐ New report ☒ Amends report filed on			MM / DD / YYYY 10 / 29 / 2024	
Full Name of Payee Divisible Inc dba DOTS		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2024		
Mailing Address 1501 Mariposa Street		Amount 55000.00		
City San Francisco	State CA	Zip Code 94107	Transaction ID : SE.4940	
Purpose of Expenditure Canvassing via text 10/23-11/5 - estimate		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2024	
Name of Federal Candidate Baldwin, Tammy, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: WI	
Calendar Year-To-Date Per Election for Office Sought		55000.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____	
Full Name of Payee Divisible Inc dba DOTS		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2024		
Mailing Address 1501 Mariposa Street		Amount 375000.00		
City San Francisco	State CA	Zip Code 94107	Transaction ID : SE.4934	
Purpose of Expenditure Canvassing via text 10/26-11/5 - estimate		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 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		1162229.12	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		430000.00		
(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.				
Signature Pfohl, Michael, , ,		Date MM / DD / YYYY 11 / 02 / 2024		

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Full Name of Payee Divisible Inc dba DOTS			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2024		
Mailing Address 1501 Mariposa Street			Amount 10000.00		
City San Francisco	State CA	Zip Code 94107	Transaction ID : SE.4936		
Purpose of Expenditure Canvassing via text 10/26-11/5 - estimate		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2024		
Name of Federal Candidate Lylerly, Kristin, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 08 ☐ President ☐ Senate State: WI		
Calendar Year-To-Date Per Election for Office Sought		50000.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		

Full Name of Payee Scale To Win			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2024		
Mailing Address 13742 Harper Street			Amount 375000.00		
City Santa Ana	State CA	Zip Code 92703	Transaction ID : SE.4933		
Purpose of Expenditure Canvassing via text 10/26-11/5 - estimate		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 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		787229.12	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	385000.00
(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.

Pfohl, Michael, , ,

Signature

Date

MM / DD / YYYY
11 / 02 / 2024

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Full Name of Payee Scale To Win		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2024	
Mailing Address 13742 Harper Street		Amount 55000.00	
City Santa Ana	State CA	Zip Code 92703	Transaction ID : SE.4941
Purpose of Expenditure Canvassing via text 10/23-11/5 - estimate		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2024
Name of Federal Candidate Baldwin, Tammy, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____	
		110000.00	

Full Name of Payee Scale To Win		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2024	
Mailing Address 13742 Harper Street		Amount 10000.00	
City Santa Ana	State CA	Zip Code 92703	Transaction ID : SE.4935
Purpose of Expenditure Canvassing via text 10/26-11/5 - estimate		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2024
Name of Federal Candidate Lyerly, Kristin, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 08 ☐ President ☐ Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____	
		40000.00	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	65000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	880000.00

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.

Pfohl, Michael, , ,

Signature

Date

MM / DD / YYYY
11 / 02 / 2024