

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 1
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					
		M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2024			
Full Name of Payee GPS Impact			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2024		
Mailing Address 112 SE 4th St			Amount 25000.00		
City State Zip Code Des Moines IA 50309		Transaction ID : WFT20249311551-1 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2024			
Purpose of Expenditure Digital 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 Accelerate Public Affairs			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2024		
Mailing Address 225 W 34 St FL9			Amount 32286.00		
City State Zip Code New York NY 10122		Transaction ID : WFT2024931165-1 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2024			
Purpose of Expenditure Text Messaging		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..... ▶			57286.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			57286.00		
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.					
Signature Etienne, Stephanie, , ,			Date M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2024		