

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

NAME OF COMMITTEE (In Full) THE IMPACT FUND			FEC IDENTIFICATION NUMBER ▼ C C00876391		
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 Mammen Group Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 15 / 2024		
Mailing Address 1920 L Street NW Suite 700			Amount 35986.32		
City Washington State DC Zip Code 20036		Transaction ID : WFT20244151245-1			
Purpose of Expenditure Direct Mail Services		Category/Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 08 / 2024	
Name of Federal Candidate Jayapal, Susheela, , ,		☒ Support ☐ Oppose		Office Sought: ☒ House District: 03 ☐ President ☐ Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought		143789.28		Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶	
Full Name of Payee			Date of Public Distribution/Dissemination		
Mailing Address			Amount		
City State Zip Code		Date of Disbursement or Obligation			
Purpose of Expenditure		Category/Type		M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate		☐ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			35986.32		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			35986.32		
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 Jackson, Sue, , ,			Date M M / D D / Y Y Y Y Y Y 05 / 15 / 2024		