

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

NAME OF COMMITTEE (In Full) Healthcare for Action PAC		FEC IDENTIFICATION NUMBER ▼ C C00822536	
Check if ☐ 24-hour report ☒ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee Feargal O'Toole		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2024	
Mailing Address 65 Myrtle St		Amount 7500.00	
City Somerville	State MA	Zip Code 02145-4324	Transaction ID : 500411378
Purpose of Expenditure Advertising - Digital		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2024
Name of Federal Candidate HARRIS, KAMALA, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

Full Name of Payee Feargal O'Toole		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2024	
Mailing Address 65 Myrtle St		Amount 12500.00	
City Somerville	State MA	Zip Code 02145-4324	Transaction ID : 500411379
Purpose of Expenditure Advertising - Digital		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2024
Name of Federal Candidate HARRIS, KAMALA, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	20000.00
(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.

Martello, Benjamin, , ,
Signature

Date
MM / DD / YYYY
10 / 16 / 2024

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Healthcare for Action PAC		FEC IDENTIFICATION NUMBER ▼ C C00822536
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY / /

Full Name of Payee Feargal O'Toole		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2024
Mailing Address 65 Myrtle St		Amount 1250.00
City Somerville	State MA	Zip Code 02145-4324
Purpose of Expenditure Advertising - digital	Category/ Type	Transaction ID : 500411380 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2024
Name of Federal Candidate SHAH, AMISH, DR., ,		Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee Feargal O'Toole		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2024
Mailing Address 65 Myrtle St		Amount 2500.00
City Somerville	State MA	Zip Code 02145-4324
Purpose of Expenditure Advertising - digital	Category/ Type	Transaction ID : 500411381 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2024
Name of Federal Candidate VARGAS, ANTHONY, 'TONY', ,		Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: NE
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3750.00
(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.

Martello, Benjamin, , ,

Signature

Date

MM / DD / YYYY
10 / 16 / 2024

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) Healthcare for Action PAC		FEC IDENTIFICATION NUMBER ▼ C C00822536	
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 Feargal O'Toole		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 16 / 2024	
Non contribution account			
Mailing Address 65 Myrtle St		Amount 1250.00	
City Somerville	State MA	Zip Code 02145-4324	Transaction ID : 500411382
Purpose of Expenditure Advertising - digital		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 16 / 2024
Name of Federal Candidate CARAVEO, YADIRA, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 08 ☐ President ☐ Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	
16250.00			

Full Name of Payee		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount 	
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure		Category/ Type	
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..... ▶	1250.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	25000.00

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
Martello, Benjamin, , ,

Date

M M / D D / Y Y Y Y Y Y

10 / 16 / 2024