

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

NAME OF COMMITTEE (In Full) POWERPACPLUS			FEC IDENTIFICATION NUMBER ▼ C C00516500		
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 Y Y					
Full Name of Payee 202 Consulting Solutions LLC			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 11 / 04 / 2024		
Mailing Address 1050 30th St NW			Amount 25000.00		
City Washington		State DC	Zip Code 20007		Transaction ID : SE.12738
Purpose of Expenditure digital streaming ads		Category/Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 11 / 04 / 2024	
Name of Federal Candidate Harris, Kamala, D, ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: PA
Calendar Year-To-Date Per Election for Office Sought			25000.00		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____
Full Name of Payee Devine Mulvey Longabaugh Inc			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 11 / 04 / 2024		
Mailing Address 650 Massachusetts Ave NW 6th Fl			Amount 12826.00		
City Washington		State DC	Zip Code 20001		Transaction ID : SE.12740
Purpose of Expenditure Video production		Category/Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 11 / 04 / 2024	
Name of Federal Candidate Harris, Kamala, D, ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: PA
Calendar Year-To-Date Per Election for Office Sought			37826.00		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			37826.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			37826.00		
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 Le, Lisa, , ,			Date M M M / D D D / Y Y Y Y Y Y Y Y 11 / 04 / 2024		