

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation DEMOCRATIC MAJORITY FOR ISRAEL	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1023 31ST ST NW SUITE 530	
(c) City, State and ZIP Code WASHINGTON DC 20007	3. FEC Identification Number C C90022864
2. Occupation and Name of Employer (for Individual Filers Only)	

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
- July 15 Quarterly Report 24-Hour Report
- October 15 Quarterly Report 48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on

M M /	D D /	Y Y Y Y
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5. COVERING PERIOD:

FROM

M M	/	D D	/	Y Y Y Y
10		01		2024

THROUGH

M M	/	D D	/	Y Y Y Y
12		31		2024

6. TOTAL CONTRIBUTIONS.....

.00

7. TOTAL INDEPENDENT EXPENDITURES

365600.00

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 any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Petterson, Jay, , ,

Petterson, Jay, , ,

01/28/2025

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. §30109.

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
DEMOCRATIC MAJORITY FOR ISRAEL

Full Name (Last, First, Middle Initial) of Payee Narrative Strategies LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2024	
Mailing Address 1400 L Street NW Suite 500		Amount 240000.00	
City Washington	State DC	Zip Code 20005	Transaction ID : F57.000001
Purpose of Expenditure Digital Advertising Buy: Actual Cost	Category/Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Trump, Donald, J., ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 365600.00		Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name (Last, First, Middle Initial) of Payee Kona Media and Messaging		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2024	
Mailing Address 400 N Roxbury Dr		Amount 5000.00	
City Beverly Hills	State CA	Zip Code 90210	Transaction ID : F57.000002
Purpose of Expenditure Digital Advertising Production: Actual Cost	Category/Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Trump, Donald, J., ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 365600.00		Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name (Last, First, Middle Initial) of Payee 7251 LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2024	
Mailing Address 325 N Larchmont Blvd Unit 295		Amount 7500.00	
City Los Angeles	State CA	Zip Code 90004	Transaction ID : F57.000003
Purpose of Expenditure Digital Advertising Buy: Actual Cost	Category/Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Trump, Donald, J., ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 365600.00		Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	252500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
DEMOCRATIC MAJORITY FOR ISRAEL

Full Name (Last, First, Middle Initial) of Payee Narrative Campaigns LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2024	
Mailing Address 1400 L Street NW Suite 500		Amount 80000.00	
City Washington	State DC	Zip Code 20005	Transaction ID : F57.000004
Purpose of Expenditure Digital Advertising Buy	Category/Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Harris, Kamala, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 365600.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee Kona Media and Messaging		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2024	
Mailing Address 400 N Robxury Dr		Amount 5000.00	
City Beverly Hills	State CA	Zip Code 90210	Transaction ID : F57.000005
Purpose of Expenditure Digital Advertising Production	Category/Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Harris, Kamala, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 365600.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee 7251 LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2024	
Mailing Address 325 N Larchmont Blvd Unit 295		Amount 7500.00	
City Los Angeles	State CA	Zip Code 90004	Transaction ID : F57.000006
Purpose of Expenditure Digital Advertising Production	Category/Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Harris, Kamala, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 365600.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	92500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....▶ (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
DEMOCRATIC MAJORITY FOR ISRAEL

Full Name (Last, First, Middle Initial) of Payee Trilogy Interactive LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2024	
Mailing Address PO Box 4177		Amount 300.00	
City Mountain View	State CA	Zip Code 94040	Transaction ID : F57.000007
Purpose of Expenditure Digital Advertising Buy	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Trump, Donald, J., ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 365600.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Trilogy Interactive LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2024	
Mailing Address PO Box 4177		Amount 10000.00	
City Mountain View	State CA	Zip Code 94040	Transaction ID : F57.000008
Purpose of Expenditure Digital Advertising Buy	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Trump, Donald, J., ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 365600.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Trilogy Interactive LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2024	
Mailing Address PO Box 4177		Amount 200.00	
City Mountain View	State CA	Zip Code 94040	Transaction ID : F57.000009
Purpose of Expenditure Digital Advertising Buy	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Harris, Kamala, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 365600.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	10500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
DEMOCRATIC MAJORITY FOR ISRAEL

Full Name (Last, First, Middle Initial) of Payee Trilogy Interactive LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2024	
Mailing Address PO Box 4177		Amount 10000.00	
City Mountain View	State CA	Zip Code 94040	
Purpose of Expenditure Digital Advertising Buy		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Harris, Kamala, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 365600.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.000010

Full Name (Last, First, Middle Initial) of Payee Trilogy Interactive LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2024	
Mailing Address PO Box 4717		Amount 100.00	
City Mountain View	State CA	Zip Code 94040	
Purpose of Expenditure Digital Advertising Buy		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Trump, Donald, J., ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 365600.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.000011

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	10100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	365600.00