

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

NAME OF COMMITTEE (In Full) Care in Action PAC		FEC IDENTIFICATION NUMBER ▼ C C00747998	
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 / 29 / 2024	
Full Name of Payee Griffin, Donald, , ,		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2024	
Mailing Address		Amount 73.33	
City State Zip Code		Transaction ID : 500000830	
Purpose of Expenditure Canvassing and Phone Banking Services		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Category/Type 004			
Name of Federal Candidate Harris, Kamala, , ,		☒ Support Office Sought: ☐ House District: _____ ☐ Oppose ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	
3424080.09			
Full Name of Payee Jones, Tiara, , ,		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2024	
Mailing Address 3499 Fairburn PI NW		Amount 69.35	
City State Zip Code Atlanta GA 30331-1417		Transaction ID : 500000838	
Purpose of Expenditure Canvassing and Phone Banking Services		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Category/Type 004			
Name of Federal Candidate Harris, Kamala, , ,		☒ Support Office Sought: ☐ House District: _____ ☐ Oppose ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	
3424080.09			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		142.68	
(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.			
Signature Mirza, Sobaika, , ,		Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2024	

Full Name of Payee Movement Labs, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2024	
Mailing Address 2045 W Grand Ave Ste # B		Amount 24732.57	
City Chicago	State IL	Zip Code 60612-1577	Transaction ID : 500000773
Purpose of Expenditure Remaining Estimated Cost for Digital Communications As Disclosed on 10/29 24-Hr Report		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House ☒ President ☐ Senate ☐ District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought 3424080.09		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	24776.57
(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.

Signature

Date _____

MM / DD / YYYY

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

NAME OF COMMITTEE (In Full) Care in Action PAC	FEC IDENTIFICATION NUMBER ▼ C C00747998
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 / 29 / 2024	

Full Name of Payee Movement Labs, LLC			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2024	
Mailing Address 2045 W Grand Ave Ste # B			Amount 13628.00	
City Chicago	State IL	Zip Code 60612-1577	Transaction ID : 500001103	
Purpose of Expenditure Partial Payment for Digital Communications As Disclosed on 10/29 24-Hr Report		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2024	
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		3424080.09	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____	

Full Name of Payee Spivey, Destinie, , ,			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2024	
Mailing Address			Amount 48.66	
City	State	Zip Code	Transaction ID : 500000820	
Purpose of Expenditure Canvassing and Phone Banking Services		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		3424080.09	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	13676.66
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	38595.91

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.

Mirza, Sobaika, , ,

Signature

Date

M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2024