

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 06 / 07 / 2024		
Mailing Address 1920 L St NW Ste 700			Amount 43644.28		
City Washington		State DC	Zip Code 20036-5014		Transaction ID : 500080918
Purpose of Expenditure Direct Mail Services		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 07 / 2024		
Name of Federal Candidate SUBRAMANYAM, SUHAS, , ,			☒ Support ☐ Oppose	Office Sought: ☒ House District: 10 ☐ President ☐ Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought			457095.31 Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶ _____		
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..... ▶			43644.28		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			43644.28		
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 06 / 07 / 2024		