

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 4
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	
MM / DD / YYYY 11 / 02 / 2024	

Full Name of Payee Care in Action, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2024	
Mailing Address 45 Broadway Ste 2240			Amount 16669.00	
City New York	State NY	Zip Code 10006-3007	Transaction ID : 500000777	
Purpose of Expenditure Actual Cost for Canvassing and Phone Banking Services As Disclosed on 11/2 24-Hr Report		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2024	
Name of Federal Candidate Trump, Donald, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		3502818.90	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____	

Full Name of Payee Collins, Keri-Ann, , ,			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2024	
Mailing Address			Amount 330.00	
City	State	Zip Code	Transaction ID : 500000824	
Purpose of Expenditure Canvassing and Phone Banking Services		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		3502818.90	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	16999.00
(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.

Mirza, Sobaika, , ,

Signature

Date

MM / DD / YYYY
12 / 23 / 2024

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Check if ☒ 24-hour report ☐ 48-hour report ☐ New report ☒ Amends report filed on		MM / DD / YYYY 11 / 02 / 2024	

Full Name of Payee Deliver Strategies LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2024	
Mailing Address PO Box 100970		Amount 11074.42	
City Arlington	State VA	Zip Code 22210-3970	Transaction ID : 500000775
Purpose of Expenditure Actual Cost for Direct Mail Services As Disclosed on 11/2 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 District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		3502818.90	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

Full Name of Payee Deliver Strategies LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2024	
Mailing Address PO Box 100970		Amount 11074.42	
City Arlington	State VA	Zip Code 22210-3970	Transaction ID : 500000776
Purpose of Expenditure Actual Cost for Direct Mail Services As Disclosed on 11/2 24-Hr Report		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Rosen, Jackie, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		115967.78	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	22148.84
(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.

Mirza, Sobaika, , ,

Signature

Date

MM / DD / YYYY
12 / 23 / 2024

NAME OF COMMITTEE (In Full) Care in Action PAC		FEC IDENTIFICATION NUMBER ▼ C C00747998	
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Full Name of Payee Griffin, Donald, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2024	
Mailing Address		Amount 73.33	
City	State	Zip Code	Transaction ID : 500000832
Purpose of Expenditure Canvassing and Phone Banking Services		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House ☐ Senate ☒ President District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought		3502818.90	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ►

Full Name of Payee Jackson, Jionique, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2024	
Mailing Address		Amount 102.65	
City	State	Zip Code	Transaction ID : 500000833
Purpose of Expenditure Canvassing and Phone Banking Services		Category/ Type	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		3502818.90	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	175.98
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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Full Name of Payee Jones, Tiara, , ,			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2024		
Mailing Address 3499 Fairburn PI NW			Amount 208.05		
City Atlanta	State GA	Zip Code 30331-1417	Transaction ID : 500001064		
Purpose of Expenditure Canvassing and Phone Banking Services		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		3502818.90	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		

Full Name of Payee Spivey, Destinie, , ,			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2024		
Mailing Address			Amount 145.97		
City	State	Zip Code	Transaction ID : 500000822		
Purpose of Expenditure Canvassing and Phone Banking Services		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		3502818.90	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	354.02
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	39677.84

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Mirza, Sobaika, , ,

Signature

Date

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12 / 23 / 2024