Schedule E)		FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼			
TAKEACTION MN FEDERAL FUND			
		C C00738815	
Check if 24-hour report 48-hour report New repor	t Amends report filed on	M = M / D = D / Y = Y = Y	
Full Name of Payee	Da	ate of Public Distribution/Dissemination	
Fiocco, Julia, , ,		M M / D D / Y Y Y Y	
Mailing Address 2500 Pleasant Ave	Ar	07 19 2024 mount	
#6	A	nount	
City State Z	ip Code	35.49	
		ansaction ID : SE.5369 ate of Disbursement or Obligation	
Purpose of Expenditure Wages	Category/ Type 001	07 / 26 / 2024	
Name of Federal Candidate	Support Office So	ought: X House District: 05	
OMAR, ILHAN, , ,	Oppose Pre	esident Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought	63778.71 Disburser 2024	ment For:	
Full Name of Payee	Da	ate of Public Distribution/Dissemination	
Fromm, Walter, , ,		07 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 3038 36th Ave S		0. 0. 202.	
	Ar	mount	
City State Z	Zip Code	201.44	
Minneapolis MN		insaction ID : SE.5370 ate of Disbursement or Obligation	
Purpose of Expenditure	Category/	M M / D D / Y Y Y Y	
Wage	Type 001	07 26 2024	
Name of Federal Candidate	Support Office So	ought: X House District: 05	
OMAR, ILHAN, , ,	Oppose Pre	esident Senate State: MN	
Calendar Year-To-Date	Disburser 63743.22 2024	ment For: Primary General	
Per Election for Office Sought	00743.22	Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	······	236.93	
	_		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
	•	4 4	
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.			
Farhat, Elianne, , ,	_ M = M	/ D D / Y Y Y Y	
Signature	Date 07	26 2024	
Oignature			

	medule L)		FOR SE OF FORM 24/48		
	NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼				
T	AKEACTION MN FEDERAL FUND	C C00738815			
Ch	eck if 24-hour report 48-hour report New repo	rt Amends report filed	on Mam / Dab / Yayayay		
	Full Name of Payee		Date of Public Distribution/Dissemination		
	Fromm, Walter, , ,		07 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Mailing Address 3038 36th Ave S		Amount		
			Allount		
		Zip Code	503.60		
	Minneapolis MN	55406	Transaction ID: SE.5371 Date of Disbursement or Obligation		
	Purpose of Expenditure Wage	Category/ Type 001	07 26 / 2024		
	Name of Federal Candidate	Support Office	e Sought: X House District: 05		
	OMAR, ILHAN, , ,	Oppose	President Senate State: MN		
	Calendar Year-To-Date	Disbu	ursement For: X Primary General		
	Per Election for Office Sought	64282.31 2024			
	Full Name of Payee	· ·	Date of Public Distribution/Dissemination		
	Hallaji, Mahsima, , ,		07 09 7 2024		
	Mailing Address 1648 Bush Avenue				
	Apt A		Amount		
	City State	Zip Code	160.80		
	St. Paul MN	55106	Transaction ID : SE.5372 Date of Disbursement or Obligation		
	Purpose of Expenditure	Category/ 001	M M / D D / Y Y Y Y		
	Wages	Туре	07 26 2024		
	Name of Federal Candidate	X Support Office	e Sought: X House District: 05		
	OMAR, ILHAN, , ,	Oppose	President Senate State: MN		
	Calendar Year-To-Date	000	ursement For: X Primary General		
	Per Election for Office Sought	63054.02	Other (specify)		
	(a) SUBTOTAL of Itemized Independent Expenditures		664.40		
	(b) SUBTOTAL of Unitemized Independent Expenditures				
	, , , , , , , , , , , , , , , , , , , ,	•	7 7		
	(c) TOTAL Independent Expenditures	•	7 7 7		
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.					
	Farhat, Elianne, , ,		M / D D / Y Y Y Y		
	Signature	Date	07 26 2024		

PAGE 2

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	ZAI LIVDI	TOTILO		PAGE 3 OF 6 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TAKEACTION MN FEDERAL FUND				C C00738815
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee			Date	e of Public Distribution/Dissemination
Hallaji, Mahsima, , ,				07 11 2024
Mailing Address 1648 Bush Avenue			Amo	ount
Apt A				
1 ′		Zip Code		321.60
	ΛN	55106		nsaction ID : SE.5373 e of Disbursement or Obligation
Purpose of Expenditure Wages		Category/ 001	\neg	07 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
vvages		Type 001		
Name of Federal Candidate		X Support	Office Sou	ght: X House District: 05
OMAR, ILHAN, , ,		Oppose	Presi	ident Senate State: MN
Calendar Year-To-Date Per Election for Office Sought	,	64603.91	Disburseme 2024	ent For:
Full Name of Payee			<u> </u>	re of Public Distribution/Dissemination
Hallaji, Mahsima, , ,			Jul	M M / D D / Y Y Y Y
Mailing Address 1648 Bush Avenue				07 18 2024
Apt A			Amo	ount
<u>'</u>	ate	Zip Code	$ \Gamma$	361.80
St. Paul N	ЛN	55106		saction ID : SE.5374 e of Disbursement or Obligation
Purpose of Expenditure		Category/ 001		07 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Wages		Type		01 20 2021
Name of Federal Candidate		X Support	Office Sou	<u> </u>
OMAR, ILHAN, , ,		Oppose	Pres	sident Senate State: MN
Calendar Year-To-Date Per Election for Office Sought		64965.71	Disbursem 2024	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures			• [683.40
(b) SUBTOTAL of Unitemized Independent Expenditures	S			
(c) TOTAL Independent Expenditures				
				4- 4- 4-
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.				
Farhat, Elianne, , ,		_ Date	e 07	/ 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

	include Ly	F	OR SE OF FORM 24/48	
	IAME OF COMMITTEE (In Full)			
Τ	AKEACTION MN FEDERAL FUND	C co	00738815	
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M M /	D = D / Y = Y = Y	
٦	Full Name of Payee	Date of Public D	Distribution/Dissemination	
	Hallaji, Mahsima, , ,	07 /	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Mailing Address 1648 Bush Avenue	Amount		
	Apt A		400.00	
	City State Zip Code St. Paul MN 55106	Transaction ID :	: SE.5378 ement or Obligation	
	Purpose of Expenditure Wages Category/ Type 001	M M / O7	26 / Y 2024	
	Name of Federal Candidate Support Office	Sought:	House District: 05	
	OMAR, ILHAN, , , Oppose	President	Senate State: MN	
	Calendar Year-To-Date Per Election for Office Sought Disbut 2024	Other (special	Primary General	
	Full Name of Payee	Other (spec	Distribution/Dissemination	
	Mauritz, Sabrina, , ,	07 / O7	15 2024	
	Mailing Address 661 West Orange Avenue	Amount		
	City State Zip Code		326.96	
	Saint Paul MN 55117	Transaction ID: Date of Disburse	SE.5375 ement or Obligation	
	Purpose of Expenditure Wages Category/ Type 001	M 7 /	26 / 2024	
		e Sought:	House District: 05	
	OMAD HILIANI		Senate State: MN	
	Calendar Year-To-Date Per Election for Office Sought Disbut 2024	orsement For: Some	Primary General	
_	(a) SUBTOTAL of Itemized Independent Expenditures	7	487.76	
(b) SUBTOTAL of Unitemized Independent Expenditures				
-	(c) TOTAL Independent Expenditures			
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either coarty committee) any political party committee or its agent.			
	Farhat, Elianne, , , Date	7 26	2024	
	Signature			
		_		

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	medalic Ly		FOR SE OF FORM 24/48	
	ME OF COMMITTEE (In Full)	DENTIFICATION NUMBER ▼		
TAKEACTION MN FEDERAL FUND			C00738815	
Ch	eck if X 24-hour report 48-hour report New report Amends report filed	on M M	/ D D / Y Y Y Y Y	
_	Full Name of Payee	Data of Dubl	io Diatribution/Diagonination	
	Mauritz, Sabrina, , ,	Date of Publ	ic Distribution/Dissemination	
	Mailing Address 661 West Orange Avenue	07	16 2024	
	S OUT West Clarige Avenue	Amount		
	City State Zip Code		408.70	
	Saint Paul MN 55117		ID: SE.5376 ursement or Obligation	
	Purpose of Expenditure Wages Category/ Type 001	07 07	/ 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Name of Federal Candidate Support Office	Sought:	X House District:05	
	OMAR, ILHAN, , ,	President	Senate State: MN	
	2024	irsement For:	Primary General	
	Per Election for Office Sought	Other (s	pecify) ►	
	Full Name of Payee Mauritz, Sabrina, , ,	M = M	ic Distribution/Dissemination	
	Mailing Address 661 West Orange Avenue	07 Amount	18 2024	
	City State Zip Code		653.92	
	Saint Paul MN 55117	Transaction I	D : SE.5377	
	Purpose of Expenditure	Date of Disb	oursement or Obligation	
	Wages Category/ Type 001	07	26 2024	
		e Sought:	X House District: 05	
	OMAD HIJAN		Senate State: MN	
	Calendar Year-To-Date Per Election for Office Sought Disbut 2024		Primary General	
		Other (s	pecify)	
	(a) SUBTOTAL of Itemized Independent Expenditures		1062.62	
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
			4	
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.				
	Farhat, Elianne, , ,	7 26	2024	
	Signature			

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	include Ly	FOR SE OF FORM 24/48			
	NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUM				
T	AKEACTION MN FEDERAL FUND	C C00738815			
		1-1			
Ch	eck if X 24-hour report 48-hour report New report Amends report file	ed on M M / D D / Y Y Y Y Y			
	Full Name of Payee	Date of Public Distribution/Dissemination			
	Movement Cooperative	07 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Mailing Address 1025 Connecticut Avenue NW	Amount			
	Suite 100				
	City State Zip Code	70.80			
	Washington DC 20036	Transaction ID : SE.5368 Date of Disbursement or Obligation			
	Purpose of Expenditure Autodialer Category/ Type 001	07 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Name of Federal Candidate Support Offi	ice Sought: X House District: 05			
	OMAR, ILHAN, , ,	President Senate State: MN			
	outerfact for the Batte	bursement For: X Primary General			
	rei Liection for Office Sought	Other (specify) ►			
	Full Name of Payee	Date of Public Distribution/Dissemination			
	Mailing Address	Amount			
	City State Zip Code				
		Date of Disbursement or Obligation			
	Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y			
	Name of Federal Candidate Support Off	ice Sought: House District:			
	Oppose	President Senate State:			
		bursement For: Primary General			
	Per Election for Office Sought	Other (specify)			
	(a) SUBTOTAL of Itemized Independent Expenditures	70.80			
(b) SUBTOTAL of Unitemized Independent Expenditures					
	(c) TOTAL Independent Expenditures	3205.91			
	Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.				
	Farhat, Elianne, , , Date	07 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Signature				

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