

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) TAKEACTION MN FEDERAL FUND
FEC IDENTIFICATION NUMBER C C00738815
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Fiocco, Julia, , ,
Mailing Address 2500 Pleasant Ave #6
City Minneapolis State MN Zip Code 55404
Purpose of Expenditure Wages Category/Type 001
Date of Public Distribution/Dissemination 07 / 19 / 2024
Amount 35.49
Transaction ID : SE.5369
Date of Disbursement or Obligation 07 / 26 / 2024
Name of Federal Candidate OMAR, ILHAN, , , [X] Support [] Oppose
Office Sought: [X] House District: 05 [] President [] Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 63778.71
Disbursement For: [X] Primary [] General 2024 [] Other (specify)

Full Name of Payee Fromm, Walter, , ,
Mailing Address 3038 36th Ave S
City Minneapolis State MN Zip Code 55406
Purpose of Expenditure Wage Category/Type 001
Date of Public Distribution/Dissemination 07 / 15 / 2024
Amount 201.44
Transaction ID : SE.5370
Date of Disbursement or Obligation 07 / 26 / 2024
Name of Federal Candidate OMAR, ILHAN, , , [X] Support [] Oppose
Office Sought: [X] House District: 05 [] President [] Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 63743.22
Disbursement For: [X] Primary [] General 2024 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 236.93
(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 Farhat, Elianne, , , Date 07 / 26 / 2024

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Full Name of Payee Fromm, Walter, , ,
Mailing Address 3038 36th Ave S
City Minneapolis State MN Zip Code 55406
Purpose of Expenditure Wage Category/Type 001
Date of Public Distribution/Dissemination 07 / 19 / 2024
Amount 503.60
Transaction ID : SE.5371
Date of Disbursement or Obligation 07 / 26 / 2024
Name of Federal Candidate OMAR, ILHAN, , , [X] Support [] Oppose
Office Sought: [X] House District: 05 [] President [] Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 64282.31
Disbursement For: [X] Primary [] General 2024 [] Other (specify)

Full Name of Payee Hallaji, Mahsima, , ,
Mailing Address 1648 Bush Avenue Apt A
City St. Paul State MN Zip Code 55106
Purpose of Expenditure Wages Category/Type 001
Date of Public Distribution/Dissemination 07 / 09 / 2024
Amount 160.80
Transaction ID : SE.5372
Date of Disbursement or Obligation 07 / 26 / 2024
Name of Federal Candidate OMAR, ILHAN, , , [X] Support [] Oppose
Office Sought: [X] House District: 05 [] President [] Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 63054.02
Disbursement For: [X] Primary [] General 2024 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 664.40
(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 Farhat, Elianne, , , Date 07 / 26 / 2024

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Full Name of Payee Hallaji, Mahsima, , ,
Mailing Address 1648 Bush Avenue Apt A
City St. Paul State MN Zip Code 55106
Purpose of Expenditure Wages Category/Type 001
Name of Federal Candidate OMAR, ILHAN, , , [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 64603.91

Date of Public Distribution/Dissemination 07 / 11 / 2024
Amount 321.60
Transaction ID : SE.5373
Date of Disbursement or Obligation 07 / 26 / 2024
Office Sought: [X] House District: 05 [] President [] Senate State: MN
Disbursement For: [X] Primary [] General 2024 [] Other (specify)

Full Name of Payee Hallaji, Mahsima, , ,
Mailing Address 1648 Bush Avenue Apt A
City St. Paul State MN Zip Code 55106
Purpose of Expenditure Wages Category/Type 001
Name of Federal Candidate OMAR, ILHAN, , , [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 64965.71

Date of Public Distribution/Dissemination 07 / 18 / 2024
Amount 361.80
Transaction ID : SE.5374
Date of Disbursement or Obligation 07 / 26 / 2024
Office Sought: [X] House District: 05 [] President [] Senate State: MN
Disbursement For: [X] Primary [] General 2024 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 683.40
(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.
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FEC IDENTIFICATION NUMBER C C00738815

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Full Name of Payee Hallaji, Mahsima, , ,
Mailing Address 1648 Bush Avenue Apt A
City St. Paul State MN Zip Code 55106
Purpose of Expenditure Wages Category/Type 001
Date of Public Distribution/Dissemination 07 / 16 / 2024
Amount 160.80
Transaction ID : SE.5378
Date of Disbursement or Obligation 07 / 26 / 2024
Name of Federal Candidate OMAR, ILHAN, , , [X] Support [] Oppose
Office Sought: [X] House District: 05 [] President [] Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 63214.82
Disbursement For: [X] Primary [] General 2024 [] Other (specify)

Full Name of Payee Mauritz, Sabrina, , ,
Mailing Address 661 West Orange Avenue
City Saint Paul State MN Zip Code 55117
Purpose of Expenditure Wages Category/Type 001
Date of Public Distribution/Dissemination 07 / 15 / 2024
Amount 326.96
Transaction ID : SE.5375
Date of Disbursement or Obligation 07 / 26 / 2024
Name of Federal Candidate OMAR, ILHAN, , , [X] Support [] Oppose
Office Sought: [X] House District: 05 [] President [] Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 63541.78
Disbursement For: [X] Primary [] General 2024 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 487.76
(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 Farhat, Elianne, , , Date 07 / 26 / 2024

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FEC IDENTIFICATION NUMBER C C00738815
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Mauritz, Sabrina, , ,
Mailing Address 661 West Orange Avenue
City Saint Paul State MN Zip Code 55117
Purpose of Expenditure Wages Category/Type 001
Name of Federal Candidate OMAR, ILHAN, , , [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 65374.41

Date of Public Distribution/Dissemination 07 / 16 / 2024
Amount 408.70
Transaction ID : SE.5376
Date of Disbursement or Obligation 07 / 26 / 2024
Office Sought: [X] House District: 05 [] President [] Senate State: MN
Disbursement For: [X] Primary [] General 2024 [] Other (specify) ▶

Full Name of Payee Mauritz, Sabrina, , ,
Mailing Address 661 West Orange Avenue
City Saint Paul State MN Zip Code 55117
Purpose of Expenditure Wages Category/Type 001
Name of Federal Candidate OMAR, ILHAN, , , [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 66028.33

Date of Public Distribution/Dissemination 07 / 18 / 2024
Amount 653.92
Transaction ID : SE.5377
Date of Disbursement or Obligation 07 / 26 / 2024
Office Sought: [X] House District: 05 [] President [] Senate State: MN
Disbursement For: [X] Primary [] General 2024 [] Other (specify) ▶

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 1062.62, (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 Farhat, Elianne, , , Date 07 / 26 / 2024

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Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee: Movement Cooperative
Mailing Address: 1025 Connecticut Avenue NW, Suite 100
City: Washington, State: DC, Zip Code: 20036
Purpose of Expenditure: Autodialer, Category/Type: 001
Date of Public Distribution/Dissemination: 07/08/2024
Amount: 70.80
Transaction ID: SE.5368
Date of Disbursement or Obligation: 07/23/2024
Name of Federal Candidate: OMAR, ILHAN, , , [X] Support [] Oppose
Office Sought: [X] House [] President [] Senate, District: 05, State: MN
Calendar Year-To-Date Per Election for Office Sought: 62893.22
Disbursement For: [X] Primary [] General 2024 [] Other (specify)

Empty form fields for another expenditure entry.

Table with 2 columns: Description and Amount. (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 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: Farhat, Elianne, , , Date: 07/26/2024