

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
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 / D D / Y Y Y Y Y Y 07 / 25 / 2024	

Full Name of Payee Care in Action, Inc.		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 23 / 2024	
Mailing Address 45 Broadway Ste 2240		Amount 986.16	
City New York	State NY	Zip Code 10006-3007	Transaction ID : 500000570
Purpose of Expenditure Actual Cost for Staff and Consultant Time As Disclosed on 7/25 48-Hr Report		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 23 / 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		296583.61	Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶ _____

Full Name of Payee Care in Action, Inc.		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 23 / 2024	
Mailing Address 45 Broadway Ste 2240		Amount 3597.45	
City New York	State NY	Zip Code 10006-3007	Transaction ID : 500000571
Purpose of Expenditure Actual Cost for List Rental As Disclosed on 7/25 48-Hr Report		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 23 / 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		296583.61	Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4583.61
(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

M M / D D / Y Y Y Y Y Y
08 / 20 / 2024

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
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 / D D / Y Y Y Y Y Y 07 / 25 / 2024	

Full Name of Payee VNCS		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 29 / 2024	
Mailing Address 1 Huntington Quad Ste SN05		Amount 292000.00	
City Melville	State NY	Zip Code 11747-4401	Transaction ID : 500000572
Purpose of Expenditure Estimated Cost for Production and Dissemination of Digital Advertising Running 7/29-8/17		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 23 / 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		Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶ _____	
296583.61			

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.....▶	292000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	296583.61

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 / D D / Y Y Y Y Y Y
08 / 20 / 2024