

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) ZIONESS PAC			FEC IDENTIFICATION NUMBER ▼ C C00891259		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY		
Full Name of Payee SKDKnickerbocker LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2024		
Mailing Address 285 Fulton St 69th Floor			Amount 45000.00		
City New York		State NY	Zip Code 10007	Transaction ID : SE.4117	
Purpose of Expenditure Digital Advertising		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2024		
Name of Federal Candidate HARRIS, KAMALA, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought		859807.92		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	
Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City		State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY	
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..... ▶			45000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			45000.00		
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 Berman, Amanda, , ,			Date MM / DD / YYYY 10 / 25 / 2024		