

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) GiveGreen United Action			FEC IDENTIFICATION NUMBER ▼ C C00802389	
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee League Of Conservation Voters, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2024		
Mailing Address 740 15Th St NW FI 7		Amount 9.09		
City Washington	State DC	Zip Code 20005-1048	Transaction ID : 500450171	
Purpose of Expenditure Staff Time for online message (via drawdown)		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2024	
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		16916.22	Disbursement For: ☐ Primary ☐ General 2024 ☒ Other (specify) ► Convention	
Full Name of Payee League Of Conservation Voters, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 06 / 2024		
Mailing Address 740 15Th St NW FI 7		Amount 40.00		
City Washington	State DC	Zip Code 20005-1048	Transaction ID : 500450172	
Purpose of Expenditure Staff time and emails for online message (via drawdown)		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 06 / 2024	
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		5907.48	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ►	
(a) SUBTOTAL of Itemized Independent Expenditures.....		49.09		
(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 Sonekan, Titi, , ,		Date MM / DD / YYYY 08 / 13 / 2024		

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NAME OF COMMITTEE (In Full) GiveGreen United Action		FEC IDENTIFICATION NUMBER ▼ C C00802389
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee League Of Conservation Voters, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 08 / 2024
Mailing Address 740 15Th St NW FI 7		Amount 40.00
City Washington	State DC	Zip Code 20005-1048
Purpose of Expenditure Staff time and emails for online message (via drawdown)	Category/ Type	Transaction ID : 500450173 Date of Disbursement or Obligation MM / DD / YYYY 08 / 08 / 2024
Name of Federal Candidate Harris, Kamala, , ,		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee League Of Conservation Voters, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 12 / 2024
Mailing Address 740 15Th St NW FI 7		Amount 467.48
City Washington	State DC	Zip Code 20005-1048
Purpose of Expenditure Staff Time for Fundraising Event (via drawdown)	Category/ Type	Transaction ID : 500450175 Date of Disbursement or Obligation MM / DD / YYYY 08 / 12 / 2024
Name of Federal Candidate Harris, Kamala, , ,		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	507.48
(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.

Sonekan, Titi, , ,

Signature

Date

MM / DD / YYYY
08 / 13 / 2024

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

Full Name of Payee The Dufour Collective		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 12 / 2024
Mailing Address 1901 Fort Myer Dr Ste 502		Amount 5000.00
City Arlington	State VA	Zip Code 22209-1620
Purpose of Expenditure ESTIMATE: Event Management	Category/ Type	Transaction ID : 500450174 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose
		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		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
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
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.....▶	5000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	5556.57

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.

Sonekan, Titi, , ,

Signature

Date

MM / DD / YYYY
08 / 13 / 2024