

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

NAME OF COMMITTEE (In Full) THE IMPACT FUND		FEC IDENTIFICATION NUMBER ▼ C C00876391	
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Intersection Agency LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2024	
Mailing Address 9840 Willows Rd NE Ste 200		Amount 75000.00	
City Redmond	State WA	Zip Code 98052-1010	Transaction ID : 500085298
Purpose of Expenditure Advertising	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 08 / 2024	
Name of Federal Candidate HARRIS, KAMALA, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

Full Name of Payee Monarch Printing Inc		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 20 / 2024	
Mailing Address 6605 Mcgrew St		Amount 1350.00	
City Houston	State TX	Zip Code 77087-3466	Transaction ID : 500084669
Purpose of Expenditure Printing	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 20 / 2024	
Name of Federal Candidate HARRIS, KAMALA, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	751350.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	751350.00

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.

Jackson, Sue, , ,

Signature

Date

M M M / D D D / Y Y Y Y Y Y
10 / 12 / 2024