

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 17
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Power to the Polls Federal Fund			FEC IDENTIFICATION NUMBER ▼ C C00869073		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on / /					
Full Name of Payee AFSCME			Date of Public Distribution/Dissemination / / 10 / 29 / 2024		
Mailing Address 1625 L St NW			Amount 6480.00		
City Washington		State DC	Zip Code 20036-5665		Transaction ID : E604713AF144A40D7954
Purpose of Expenditure In-Kind Polling		Category/ Type		Date of Disbursement or Obligation / / 10 / 29 / 2024	
Name of Federal Candidate Trump, Donald, , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 3243486.81			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee AFSCME			Date of Public Distribution/Dissemination / / 10 / 29 / 2024		
Mailing Address 1625 L St NW			Amount 6480.00		
City Washington		State DC	Zip Code 20036-5665		Transaction ID : E4614435A8B7942228C3
Purpose of Expenditure In-Kind Polling		Category/ Type		Date of Disbursement or Obligation / /	
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 3243486.81			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			12960.00		
(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 Boynton, Jacqueline, , ,			Date / / 10 / 30 / 2024		

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NAME OF COMMITTEE (In Full) Power to the Polls Federal Fund			FEC IDENTIFICATION NUMBER ▼ C C00869073		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Best Buy			Date of Public Distribution/Dissemination 10 / 29 / 2024		
Mailing Address 2401 N Mayfair Rd			Amount 9.26		
City Milwaukee		State WI	Zip Code 53226-1401		Transaction ID : E3A80EF4C6DDA45289B7
Purpose of Expenditure Office Supplies - Paid with Wex Credit Card			Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Name of Federal Candidate Hovde, Eric, , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: WI
Calendar Year-To-Date Per Election for Office Sought			806548.55 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee Best Buy			Date of Public Distribution/Dissemination 10 / 29 / 2024		
Mailing Address 2401 N Mayfair Rd			Amount 34.73		
City Milwaukee		State WI	Zip Code 53226-1401		Transaction ID : E72F23E4F3D2249D3BF2
Purpose of Expenditure Office Supplies - Paid with Wex Credit Card			Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
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			3243486.81 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					43.99
(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 Boynton, Jacqueline, , ,			Date 10 / 30 / 2024		

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NAME OF COMMITTEE (In Full) Power to the Polls Federal Fund			FEC IDENTIFICATION NUMBER ▼ C C00869073		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Best Buy			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 29 / 2024		
Mailing Address 2401 N Mayfair Rd			Amount 11.58		
City Milwaukee		State WI	Zip Code 53226-1401		Transaction ID : E23EDBD52848E435C801
Purpose of Expenditure Office Supplies - Paid with Wex Credit Card			Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Name of Federal Candidate Baldwin, Tammy, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: WI
Calendar Year-To-Date Per Election for Office Sought			806548.55 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee Best Buy			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 29 / 2024		
Mailing Address 2401 N Mayfair Rd			Amount 37.04		
City Milwaukee		State WI	Zip Code 53226-1401		Transaction ID : EF45F053B183045CC99A
Purpose of Expenditure Office Supplies - Paid with Wex Credit Card			Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Name of Federal Candidate Trump, Donald, , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			3243486.81 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			48.62		
(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 Boynton, Jacqueline, , ,			Date M M / D D / Y Y Y Y Y Y 10 / 30 / 2024		

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NAME OF COMMITTEE (In Full) Power to the Polls Federal Fund			FEC IDENTIFICATION NUMBER ▼ C C00869073		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Cousins Subs X			Date of Public Distribution/Dissemination 10 / 28 / 2024		
Mailing Address 6512 W Greenfield Ave			Amount 316.51		
City Milwaukee		State WI	Zip Code 53214-4940		Transaction ID : E42768F46B85140298C9
Purpose of Expenditure Lunch for Canvassers (Estimate)		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Trump, Donald, , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 3243486.81			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee Cousins Subs X			Date of Public Distribution/Dissemination 10 / 29 / 2024		
Mailing Address 6512 W Greenfield Ave			Amount 247.87		
City Milwaukee		State WI	Zip Code 53214-4940		Transaction ID : EAE8EF1536152464C847
Purpose of Expenditure Lunch for Canvassers (Estimate)		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Trump, Donald, , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 3243486.81			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			0.00		
(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 Boynton, Jacqueline, , ,			Date 10 / 30 / 2024		

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NAME OF COMMITTEE (In Full) Power to the Polls Federal Fund			FEC IDENTIFICATION NUMBER ▼ C C00869073		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Cousins Subs X			Date of Public Distribution/Dissemination 10 / 29 / 2024		
Mailing Address 6512 W Greenfield Ave			Amount 61.97		
City Milwaukee		State WI	Zip Code 53214-4940		Transaction ID : EBD1889E8C8A6402EBD7
Purpose of Expenditure Lunch for Canvassers (Estimate)		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Hovde, Eric, , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: <u>WI</u>
Calendar Year-To-Date Per Election for Office Sought 806548.55			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee Cousins Subs X			Date of Public Distribution/Dissemination 10 / 29 / 2024		
Mailing Address 6512 W Greenfield Ave			Amount 232.38		
City Milwaukee		State WI	Zip Code 53214-4940		Transaction ID : EFC79D5AF88294CEF89B
Purpose of Expenditure Lunch for Canvassers (Estimate)		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Harris, Kamala, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: <u>00</u> ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 3243486.81			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			0.00		
(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 Boynton, Jacqueline, , ,			Date 10 / 30 / 2024		

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NAME OF COMMITTEE (In Full) Power to the Polls Federal Fund			FEC IDENTIFICATION NUMBER ▼ C C00869073		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Cousins Subs X			Date of Public Distribution/Dissemination 10 / 28 / 2024		
Mailing Address 6512 W Greenfield Ave			Amount 98.91		
City Milwaukee		State WI	Zip Code 53214-4940		Transaction ID : ECB830ECC7293492C8B7
Purpose of Expenditure Lunch for Canvassers (Estimate)		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Baldwin, Tammy, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: <u>WI</u>
Calendar Year-To-Date Per Election for Office Sought 806548.55			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee Cousins Subs X			Date of Public Distribution/Dissemination 10 / 28 / 2024		
Mailing Address 6512 W Greenfield Ave			Amount 79.13		
City Milwaukee		State WI	Zip Code 53214-4940		Transaction ID : E1D76CEA4AEA24584A26
Purpose of Expenditure Lunch for Canvassers (Estimate)		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Hovde, Eric, , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: <u>WI</u>
Calendar Year-To-Date Per Election for Office Sought 806548.55			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			0.00		
(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 Boynton, Jacqueline, , ,			Date 10 / 30 / 2024		

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NAME OF COMMITTEE (In Full) Power to the Polls Federal Fund			FEC IDENTIFICATION NUMBER ▼ C C00869073		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Cousins Subs X			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 29 / 2024		
Mailing Address 6512 W Greenfield Ave			Amount 77.46		
City State Zip Code Milwaukee WI 53214-4940		Transaction ID : EBA2DEA392E21480AA70 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y			
Purpose of Expenditure Lunch for Canvassers (Estimate)		Category/ Type			
Name of Federal Candidate Baldwin, Tammy, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: WI
Calendar Year-To-Date Per Election for Office Sought			806548.55 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee Cousins Subs X			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 28 / 2024		
Mailing Address 6512 W Greenfield Ave			Amount 296.73		
City State Zip Code Milwaukee WI 53214-4940		Transaction ID : E2FB08329F8ED41B9B4F Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y			
Purpose of Expenditure Lunch for Canvassers (Estimate)		Category/ Type			
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			3243486.81 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			0.00		
(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 Boynton, Jacqueline, , , Date M M / D D / Y Y Y Y Y Y 10 / 30 / 2024					

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NAME OF COMMITTEE (In Full) Power to the Polls Federal Fund			FEC IDENTIFICATION NUMBER ▼ C C00869073		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Deliver Strategies			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 29 / 2024		
Mailing Address PO Box 100970			Amount 23183.01		
City Arlington		State VA	Zip Code 22210-3970		Transaction ID : E321938963A86451C85B
Purpose of Expenditure Direct Mail Advertising		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 23 / 2024	
Name of Federal Candidate Trump, Donald, , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			3243486.81 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee Deliver Strategies			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 29 / 2024		
Mailing Address PO Box 100970			Amount 23183.01		
City Arlington		State VA	Zip Code 22210-3970		Transaction ID : E4F91ACC443F147068EB
Purpose of Expenditure Direct Mail Advertising		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 23 / 2024	
Name of Federal Candidate Hovde, Eric, , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: WI
Calendar Year-To-Date Per Election for Office Sought			806548.55 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46366.02		
(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 Boynton, Jacqueline, , , Date M M / D D / Y Y Y Y Y Y 10 / 30 / 2024					

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NAME OF COMMITTEE (In Full) Power to the Polls Federal Fund		FEC IDENTIFICATION NUMBER ▼ C C00869073
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Domino's X		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2024
Mailing Address 5100 Washington Ave		Amount 66.99
City Racine	State WI	Zip Code 53406-4226
Purpose of Expenditure Lunch for Canvassers (Estimate)	Category/ Type	Transaction ID : E994B3626BB09457BB36 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Baldwin, Tammy, , , ☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee Domino's X		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2024
Mailing Address 5100 Washington Ave		Amount 200.96
City Racine	State WI	Zip Code 53406-4226
Purpose of Expenditure Lunch for Canvassers (Estimate)	Category/ Type	Transaction ID : E83CA05C757304071BB7 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) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(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.

Boynton, Jacqueline, , ,

Signature

Date

MM / DD / YYYY
10 / 30 / 2024

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NAME OF COMMITTEE (In Full) Power to the Polls Federal Fund		FEC IDENTIFICATION NUMBER ▼ C C00869073
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Domino's X		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2024
Mailing Address 5100 Washington Ave		Amount 53.59
City Racine	State WI	Zip Code 53406-4226
Purpose of Expenditure Lunch for Canvassers (Estimate)	Category/ Type	Transaction ID : E2262A350CE7B48F29CF Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Hovde, Eric, , , ☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee Domino's X		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2024
Mailing Address 5100 Washington Ave		Amount 214.36
City Racine	State WI	Zip Code 53406-4226
Purpose of Expenditure Lunch for Canvassers (Estimate)	Category/ Type	Transaction ID : E0C0A4C22CFC04510AFA Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Trump, Donald, , , ☐ 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) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(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.

Boynton, Jacqueline, , ,

Signature

Date

MM / DD / YYYY
10 / 30 / 2024

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NAME OF COMMITTEE (In Full) Power to the Polls Federal Fund			FEC IDENTIFICATION NUMBER ▼ C C00869073		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Duke Plumbing LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 29 / 2024		
Mailing Address 626 E Kilbourn Ave			Amount 23.52		
City Milwaukee		State WI	Zip Code 53202-3259		Transaction ID : E8CC3EFC3D9FF4A5D9B3
Purpose of Expenditure Office Repair - Paid with Wex Credit Card			Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Name of Federal Candidate Hovde, Eric, , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: WI
Calendar Year-To-Date Per Election for Office Sought			806548.55 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee Duke Plumbing LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 29 / 2024		
Mailing Address 626 E Kilbourn Ave			Amount 94.08		
City Milwaukee		State WI	Zip Code 53202-3259		Transaction ID : E6927A249C5BE40EF8C6
Purpose of Expenditure Office Repair - Paid with Wex Credit Card			Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Name of Federal Candidate Trump, Donald, , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			3243486.81 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					117.60
(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 Boynton, Jacqueline, , ,			Date M M / D D / Y Y Y Y Y Y 10 / 30 / 2024		

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NAME OF COMMITTEE (In Full) Power to the Polls Federal Fund			FEC IDENTIFICATION NUMBER ▼ C C00869073		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Duke Plumbing LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 29 / 2024		
Mailing Address 626 E Kilbourn Ave			Amount 29.40		
City Milwaukee		State WI	Zip Code 53202-3259		Transaction ID : E737A1625420B4F90A36
Purpose of Expenditure Office Repair - Paid with Wex Credit Card			Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Name of Federal Candidate Baldwin, Tammy, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: WI
Calendar Year-To-Date Per Election for Office Sought			806548.55 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee Duke Plumbing LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 29 / 2024		
Mailing Address 626 E Kilbourn Ave			Amount 88.20		
City Milwaukee		State WI	Zip Code 53202-3259		Transaction ID : EE4D803BED36B47F98DA
Purpose of Expenditure Office Repair - Paid with Wex Credit Card			Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
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			3243486.81 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					117.60
(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 Boynton, Jacqueline, , ,			Date M M / D D / Y Y Y Y Y Y 10 / 30 / 2024		

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NAME OF COMMITTEE (In Full) Power to the Polls Federal Fund			FEC IDENTIFICATION NUMBER ▼ C C00869073		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee El Pastor X			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 29 / 2024		
Mailing Address 6533 W Mitchell St			Amount 240.00		
City State Zip Code West Allis WI 53214-4925		Transaction ID : ECDDA170C6DF34BB9974 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y			
Purpose of Expenditure Staff Lunch (Estimate)		Category/ Type			
Name of Federal Candidate Baldwin, Tammy, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 806548.55			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee El Pastor X			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 29 / 2024		
Mailing Address 6533 W Mitchell St			Amount 719.99		
City State Zip Code West Allis WI 53214-4925		Transaction ID : E2BA4858FEFBD41DB80C Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y			
Purpose of Expenditure Staff Lunch (Estimate)		Category/ Type			
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 3243486.81			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			0.00		
(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 Boynton, Jacqueline, , ,			Date M M / D D / Y Y Y Y Y Y 10 / 30 / 2024		

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NAME OF COMMITTEE (In Full) Power to the Polls Federal Fund			FEC IDENTIFICATION NUMBER ▼ C C00869073	
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee El Pastor X			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 29 / 2024	
Mailing Address 6533 W Mitchell St			Amount 192.00	
City State Zip Code West Allis WI 53214-4925		Transaction ID : E978EA9E9DF404A57B26 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
Purpose of Expenditure Staff Lunch (Estimate)		Category/Type		
Name of Federal Candidate Hovde, Eric, , ,			Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: WI	
Calendar Year-To-Date Per Election for Office Sought 806548.55			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____	
Full Name of Payee El Pastor X			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 29 / 2024	
Mailing Address 6533 W Mitchell St			Amount 767.99	
City State Zip Code West Allis WI 53214-4925		Transaction ID : E4D0D0BC3829348CBA3C Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
Purpose of Expenditure Staff Lunch (Estimate)		Category/Type		
Name of Federal Candidate Trump, Donald, , ,			Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 3243486.81			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			0.00	
(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 Boynton, Jacqueline, , ,			Date M M / D D / Y Y Y Y Y Y 10 / 30 / 2024	

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NAME OF COMMITTEE (In Full) Power to the Polls Federal Fund			FEC IDENTIFICATION NUMBER ▼ C C00869073		
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 Green Bay Parks Department			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2024		
Mailing Address 100 N Jefferson St Room 510			Amount 47.42		
City Green Bay		State WI	Zip Code 54301-5006		Transaction ID : E9A5FF48F90FB4E7FB2C
Purpose of Expenditure Canvass Location - Paid with Wex Credit Card		Category/ Type		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Hovde, Eric, , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: WI
Calendar Year-To-Date Per Election for Office Sought			806548.55 Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____		
Full Name of Payee Green Bay Parks Department			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2024		
Mailing Address 100 N Jefferson St Room 510			Amount 189.66		
City Green Bay		State WI	Zip Code 54301-5006		Transaction ID : E9CFC77B6E2F64D17A36
Purpose of Expenditure Canvass Location - Paid with Wex Credit Card		Category/ Type		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Trump, Donald, , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			3243486.81 Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			237.08		
(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 Boynton, Jacqueline, , ,			Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2024		

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NAME OF COMMITTEE (In Full) Power to the Polls Federal Fund			FEC IDENTIFICATION NUMBER ▼ C C00869073		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Green Bay Parks Department			Date of Public Distribution/Dissemination 10 / 29 / 2024		
Mailing Address 100 N Jefferson St Room 510			Amount 59.27		
City Green Bay		State WI	Zip Code 54301-5006		Transaction ID : EE0D9A49031C54922A2B
Purpose of Expenditure Canvass Location - Paid with Wex Credit Card			Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Name of Federal Candidate Baldwin, Tammy, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: WI
Calendar Year-To-Date Per Election for Office Sought			806548.55 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee Green Bay Parks Department			Date of Public Distribution/Dissemination 10 / 29 / 2024		
Mailing Address 100 N Jefferson St Room 510			Amount 177.81		
City Green Bay		State WI	Zip Code 54301-5006		Transaction ID : EC0E5F8A1F5384FDD9C2
Purpose of Expenditure Canvass Location - Paid with Wex Credit Card			Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
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			3243486.81 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					237.08
(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 Boynton, Jacqueline, , ,			Date 10 / 30 / 2024		

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NAME OF COMMITTEE (In Full) Power to the Polls Federal Fund			FEC IDENTIFICATION NUMBER ▼ C C00869073		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Symmetry Media			Date of Public Distribution/Dissemination 10 / 29 / 2024		
Mailing Address 1250 Connecticut Ave NW Ste 700			Amount 50000.00		
City Washington		State DC	Zip Code 20036-2657		Transaction ID : E6EDAB18FE7D04D3DA71
Purpose of Expenditure Digital Advertising		Category/Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Hovde, Eric, , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: WI
Calendar Year-To-Date Per Election for Office Sought			806548.55 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ► _____		
Full Name of Payee Symmetry Media			Date of Public Distribution/Dissemination 10 / 29 / 2024		
Mailing Address 1250 Connecticut Ave NW Ste 700			Amount 50000.00		
City Washington		State DC	Zip Code 20036-2657		Transaction ID : E6784D83F70DE4968BB1
Purpose of Expenditure Digital Advertising		Category/Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Trump, Donald, , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			3243486.81 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ► _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ►			100000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ►					
(c) TOTAL Independent Expenditures..... ►			160127.99		
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 <i>Boynton, Jacqueline, , ,</i> Date 10 / 30 / 2024					