

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 2  
FOR SE OF FORM 24/48

|                                                                                                                                                                                                                                                                                                                                                             |                    |                                                                                                                                                   |                                                                                      |                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>MICHIGAN LIBERATION ACTION FUND</b>                                                                                                                                                                                                                                                                                       |                    |                                                                                                                                                   | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00690776                                    |                                                                                      |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on                                                                                                                                                          |                    |                                                                                                                                                   | M M M / D D D / Y Y Y Y Y Y                                                          |                                                                                      |
| Full Name of Payee<br><b>Action for Liberation</b>                                                                                                                                                                                                                                                                                                          |                    | Date of Public Distribution/Dissemination<br>M M M / D D D / Y Y Y Y Y Y<br><b>10 / 30 / 2022</b>                                                 |                                                                                      |                                                                                      |
| Mailing Address <b>PO Box 6919</b>                                                                                                                                                                                                                                                                                                                          |                    | Amount<br><b>192.22</b>                                                                                                                           |                                                                                      |                                                                                      |
| City<br><b>Detroit</b>                                                                                                                                                                                                                                                                                                                                      | State<br><b>MI</b> | Zip Code<br><b>48206</b>                                                                                                                          | Transaction ID : <b>SE.4586</b>                                                      |                                                                                      |
| Purpose of Expenditure<br><b>Door Knockers 'Vote for Elissa Slotkin'</b>                                                                                                                                                                                                                                                                                    |                    | Category/Type<br><b>006</b>                                                                                                                       | Date of Disbursement or Obligation<br>M M M / D D D / Y Y Y Y Y Y                    |                                                                                      |
| Name of Federal Candidate<br><b>SLOTKIN, ELISSA, , ,</b>                                                                                                                                                                                                                                                                                                    |                    | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                    | Office Sought:<br><input type="checkbox"/> President <input type="checkbox"/> Senate | <input checked="" type="checkbox"/> House    District: <b>07</b><br>State: <b>MI</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>19216.95</b>                                                                                                                                                                                                                                                                                  |                    | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2022 <input type="checkbox"/> Other (specify) ▶ |                                                                                      |                                                                                      |
| Full Name of Payee<br><b>Action for Liberation</b>                                                                                                                                                                                                                                                                                                          |                    | Date of Public Distribution/Dissemination<br>M M M / D D D / Y Y Y Y Y Y<br><b>10 / 30 / 2022</b>                                                 |                                                                                      |                                                                                      |
| Mailing Address <b>PO Box 6919</b>                                                                                                                                                                                                                                                                                                                          |                    | Amount<br><b>832.01</b>                                                                                                                           |                                                                                      |                                                                                      |
| City<br><b>Detroit</b>                                                                                                                                                                                                                                                                                                                                      | State<br><b>MI</b> | Zip Code<br><b>48206</b>                                                                                                                          | Transaction ID : <b>SE.4587</b>                                                      |                                                                                      |
| Purpose of Expenditure<br><b>Supplies (Water, Meals, Snacks, Coffee, Apparel, Sunblock, Clipboards, Coffee)</b>                                                                                                                                                                                                                                             |                    | Category/Type<br><b>006</b>                                                                                                                       | Date of Disbursement or Obligation<br>M M M / D D D / Y Y Y Y Y Y                    |                                                                                      |
| Name of Federal Candidate<br><b>SLOTKIN, ELISSA, , ,</b>                                                                                                                                                                                                                                                                                                    |                    | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                    | Office Sought:<br><input type="checkbox"/> President <input type="checkbox"/> Senate | <input checked="" type="checkbox"/> House    District: <b>07</b><br>State: <b>MI</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>19024.73</b>                                                                                                                                                                                                                                                                                  |                    | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2022 <input type="checkbox"/> Other (specify) ▶ |                                                                                      |                                                                                      |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                    |                    | <b>1024.23</b>                                                                                                                                    |                                                                                      |                                                                                      |
| (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<br><b>Hollerbach, Matthew, , ,</b>                                                                                                                                                                                                                                                                                                                |                    | [Electronically Filed]                                                                                                                            |                                                                                      | Date<br>M M M / D D D / Y Y Y Y Y Y<br><b>03 / 22 / 2023</b>                         |

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|                                                                                                                                                                                                    |  |                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>MICHIGAN LIBERATION ACTION FUND</b>                                                                                                                              |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00690776 |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  | MM / DD / YYYY                                    |

|                                                         |                              |                                                                                                                                                                           |
|---------------------------------------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br><b>Action for Liberation</b>      |                              | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>10 / 30 / 2022</b>                                                                                      |
| Mailing Address <b>PO Box 6919</b>                      |                              | Amount<br><b>184.44</b>                                                                                                                                                   |
| City<br><b>Detroit</b>                                  | State<br><b>MI</b>           | Zip Code<br><b>48206</b>                                                                                                                                                  |
| Purpose of Expenditure<br><b>Lyft + Hertz</b>           | Category/<br>Type <b>002</b> | Transaction ID : <b>SE.4588</b><br>Date of Disbursement or Obligation<br>MM / DD / YYYY                                                                                   |
| Name of Federal Candidate<br><b>SLOTKIN, ELISSA, ,</b>  |                              | Office Sought: <input checked="" type="checkbox"/> House    District: <b>07</b><br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>MI</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought |                              | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2022 <input type="checkbox"/> Other (specify) ▶                         |

|                                                         |                              |                                                                                                                                                                           |
|---------------------------------------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br><b>Action for Liberation</b>      |                              | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>10 / 30 / 2022</b>                                                                                      |
| Mailing Address <b>PO Box 6919</b>                      |                              | Amount<br><b>2532.24</b>                                                                                                                                                  |
| City<br><b>Detroit</b>                                  | State<br><b>MI</b>           | Zip Code<br><b>48206</b>                                                                                                                                                  |
| Purpose of Expenditure<br><b>Payroll Share</b>          | Category/<br>Type <b>001</b> | Transaction ID : <b>SE.4589</b><br>Date of Disbursement or Obligation<br>MM / DD / YYYY                                                                                   |
| Name of Federal Candidate<br><b>SLOTKIN, ELISSA, ,</b>  |                              | Office Sought: <input checked="" type="checkbox"/> House    District: <b>07</b><br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>MI</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought |                              | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2022 <input type="checkbox"/> Other (specify) ▶                         |

|                                                                    |                |
|--------------------------------------------------------------------|----------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <b>2716.68</b> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ |                |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   | <b>3740.91</b> |

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.

*Hollerbach, Matthew, ,***[Electronically Filed]**

Date

MM / DD / YYYY  
**03 / 22 / 2023**

Signature