

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

NAME OF COMMITTEE (In Full) End Citizens United			FEC IDENTIFICATION NUMBER ▼ C C00573261		
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 Liftoff Campaigns			Date of Public Distribution/Dissemination 10 / 14 / 2024		
Mailing Address 403 E Melbourne Ave			Amount 100000.00		
City Silver Spring	State MD	Zip Code 20901-3627	Transaction ID : 500189989		
Purpose of Expenditure Text Messaging Estimate		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
Name of Federal Candidate Tester, Jon, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MT		
Calendar Year-To-Date Per Election for Office Sought		1111675.32	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee Liftoff Campaigns			Date of Public Distribution/Dissemination 10 / 14 / 2024		
Mailing Address 403 E Melbourne Ave			Amount 1400.00		
City Silver Spring	State MD	Zip Code 20901-3627	Transaction ID : 500189990		
Purpose of Expenditure Text Messaging 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: 00 ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		4200.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			101400.00		
(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 Coleman, Kimberly, , ,			Date 10 / 15 / 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 Liftoff Campaigns		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 14 / 2024
Mailing Address 403 E Melbourne Ave		Amount 80000.00
City Silver Spring	State MD	Zip Code 20901-3627
Purpose of Expenditure Text Messaging Estimate	Category/ Type	Transaction ID : 500189991 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate ALLRED, COLIN, ,		Office Sought: ☒ Support ☐ Oppose ☐ President ☒ Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee Liftoff Campaigns		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 14 / 2024
Mailing Address 403 E Melbourne Ave		Amount 1400.00
City Silver Spring	State MD	Zip Code 20901-3627
Purpose of Expenditure Text Messaging Estimate	Category/ Type	Transaction ID : 500189992 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate GALLEGO, RUBEN, ,		Office Sought: ☒ Support ☐ Oppose ☐ President ☒ Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	81400.00
(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.

Coleman, Kimberly, , ,

Signature

Date

MM / DD / YYYY
10 / 15 / 2024

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(Schedule E)PAGE 3 OF 3
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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 Liftoff Campaigns		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 14 / 2024
Mailing Address 403 E Melbourne Ave		Amount 25000.00
City Silver Spring	State MD	Zip Code 20901-3627
Purpose of Expenditure Text Messaging Estimate	Category/ Type	Transaction ID : 500189993 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate MUCARSEL-POWELL, DEBBIE, , ,		Office Sought: ☒ Support ☐ Oppose ☐ President ☒ Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee Liftoff Campaigns		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 14 / 2024
Mailing Address 403 E Melbourne Ave		Amount 10000.00
City Silver Spring	State MD	Zip Code 20901-3627
Purpose of Expenditure Online Ads Estimate	Category/ Type	Transaction ID : 500189994 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Tester, Jon, , ,		Office Sought: ☒ Support ☐ Oppose ☐ President ☒ Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	35000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	217800.00

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.

Coleman, Kimberly, , ,

Signature

Date

MM / DD / YYYY
10 / 15 / 2024