

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

NAME OF COMMITTEE (In Full) Human Rights Campaign Equality Votes PAC			FEC IDENTIFICATION NUMBER ▼ C C00508440		
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 Meta			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 29 / 2024		
Mailing Address 1 Hacker Way			Amount 1838.15		
City Menlo Park		State CA	Zip Code 94025-1456		
Purpose of Expenditure Advertising - digital		Category/ Type		Transaction ID : 500690392 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 29 / 2024	
Name of Federal Candidate Trump, Donald, J., ,			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 1110621.96			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee Priorities USA Action			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 29 / 2024		
Mailing Address 601 13th St NW Ste 610N			Amount 100000.00		
City Washington		State DC	Zip Code 20005-3807		
Purpose of Expenditure Advertising - digital		Category/ Type		Transaction ID : 500690389 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 29 / 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 1110621.96			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			101838.15		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			101838.15		
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 Rinefierd, James, M., ,			Date M M / D D / Y Y Y Y Y Y 10 / 29 / 2024		