

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) End the Occupation			FEC IDENTIFICATION NUMBER ▼ C C00741041		
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 Y Y					
Full Name of Payee IfNotNow Movement			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 23 / 2024		
Mailing Address PO Box 170285			Amount 220.73		
City Brooklyn		State NY	Zip Code 11217		Transaction ID : SE.7523 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 23 / 2024
Purpose of Expenditure Non-Contribution Account: Staff Time		Category/ Type			
Name of Federal Candidate Trump, Donald, J ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee IfNotNow Movement			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 23 / 2024		
Mailing Address PO Box 170285			Amount 220.73		
City Brooklyn		State NY	Zip Code 11217		Transaction ID : SE.7537 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 23 / 2024
Purpose of Expenditure Non-Contribution Account: Staff Time		Category/ Type			
Name of Federal Candidate Trump, Donald, J ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					441.46
(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 Stanger, Howie, , ,				Date M M M / D D D / Y Y Y Y Y Y Y Y 11 / 01 / 2024	

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NAME OF COMMITTEE (In Full) End the Occupation		FEC IDENTIFICATION NUMBER ▼ C C00741041
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee IfNotNow Movement		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2024
Mailing Address PO Box 170285		Amount 220.72
City Brooklyn	State NY	Zip Code 11217
Purpose of Expenditure Non-Contribution Account: Staff Time	Category/ Type	Transaction ID : SE.7538 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2024
Name of Federal Candidate Trump, Donald, J ,	☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	0.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee IfNotNow Movement		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2024
Mailing Address PO Box 170285		Amount 220.72
City Brooklyn	State NY	Zip Code 11217
Purpose of Expenditure Non-Contribution Account: Staff Time	Category/ Type	Transaction ID : SE.7539 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2024
Name of Federal Candidate Trump, Donald, J ,	☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	0.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	441.44
(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.

Stanger, Howie, , ,

Signature

Date

MM / DD / YYYY
11 / 01 / 2024

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NAME OF COMMITTEE (In Full) End the Occupation	FEC IDENTIFICATION NUMBER ▼ C C00741041
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Full Name of Payee IfNotNow Movement			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2024	
Mailing Address PO Box 170285			Amount 144.19	
City Brooklyn	State NY	Zip Code 11217	Transaction ID : SE.7540	
Purpose of Expenditure Non-Contribution Account: Staff Time		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2024	
Name of Federal Candidate Trump, Donald, J ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

Full Name of Payee IfNotNow Movement			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2024	
Mailing Address PO Box 170285			Amount 114.19	
City Brooklyn	State NY	Zip Code 11217	Transaction ID : SE.7541	
Purpose of Expenditure Non-Contribution Account: Staff Time		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2024	
Name of Federal Candidate Trump, Donald, J ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: WI	
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	258.38
(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.

Stanger, Howie, , ,

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Date

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Full Name of Payee IfNotNow Movement		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2024
Mailing Address PO Box 170285		Amount 114.18
City Brooklyn	State NY	Zip Code 11217
Purpose of Expenditure Non-Contribution Account: Staff Time	Category/ Type	Transaction ID : SE.7542 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2024
Name of Federal Candidate Trump, Donald, J ,		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee IfNotNow Movement		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2024
Mailing Address PO Box 170285		Amount 114.18
City Brooklyn	State NY	Zip Code 11217
Purpose of Expenditure Non-Contribution Account: Staff Time	Category/ Type	Transaction ID : SE.7543 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2024
Name of Federal Candidate Trump, Donald, J ,		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	228.36
(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.

Stanger, Howie, , ,

Signature

Date

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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 IfNotNow Movement		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2024
Mailing Address PO Box 170285		Amount 38.11
City Brooklyn	State NY	Zip Code 11217
Purpose of Expenditure Staff Time	Category/ Type	Transaction ID : SE.7544 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2024
Name of Federal Candidate Trump, Donald, J ,		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee IfNotNow Movement		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2024
Mailing Address PO Box 170285		Amount 38.11
City Brooklyn	State NY	Zip Code 11217
Purpose of Expenditure Staff Time	Category/ Type	Transaction ID : SE.7545 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2024
Name of Federal Candidate Trump, Donald, J ,		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	76.22
(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 _____
Stanger, Howie, , ,

Date MM / DD / YYYY
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NAME OF COMMITTEE (In Full) End the Occupation	FEC IDENTIFICATION NUMBER ▼ C C00741041
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on	

Full Name of Payee IfNotNow Movement			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2024	
Mailing Address PO Box 170285			Amount 38.10	
City Brooklyn	State NY	Zip Code 11217	Transaction ID : SE.7546	
Purpose of Expenditure Staff Time		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2024	
Name of Federal Candidate Trump, Donald, J ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

Full Name of Payee IfNotNow Movement			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2024	
Mailing Address PO Box 170285			Amount 38.10	
City Brooklyn	State NY	Zip Code 11217	Transaction ID : SE.7547	
Purpose of Expenditure Staff Time		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2024	
Name of Federal Candidate Trump, Donald, J ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	76.20
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	1522.06

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
Stanger, Howie, , ,

Date

MM / DD / YYYY
11 / 01 / 2024