

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

NAME OF COMMITTEE (In Full) TAKEACTION MN FEDERAL FUND			FEC IDENTIFICATION NUMBER ▼ C C00738815	
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee TakeAction Minnesota		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2026		
Mailing Address 2356 University Avenue W Suite 401A		Amount 356.00		
City Saint Paul	State MN	Zip Code 55114	Transaction ID : SE.6908	
Purpose of Expenditure Contract for Canvassers		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Johnson, Jacob, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought		2964.72	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	
Full Name of Payee TakeAction Minnesota		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2026		
Mailing Address 2356 University Avenue W Suite 401A		Amount 280.00		
City Saint Paul	State MN	Zip Code 55114	Transaction ID : SE.6909	
Purpose of Expenditure Contract for Canvassers		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Finstad, Brad, , ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought		3244.72	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		636.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....		636.00		
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.				
Signature Farhat, Elianne, , ,		Date MM / DD / YYYY 07 / 31 / 2026		