

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

NAME OF COMMITTEE (In Full) 1000 Women Strong PAC		FEC IDENTIFICATION NUMBER ▼ C C00877886	
Check if ☐ 24-hour report ☒ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee 1000 Women Strong PAC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 02 / 2024	
Mailing Address 2800 S Adams St Unit 5651		Amount 15000.00	
City Tallahassee	State FL	Zip Code 32314	Transaction ID : SE.4109
Purpose of Expenditure Estimated costs of consultant work		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2024
Name of Federal Candidate Harris, Kamal D, ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		72000.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

Full Name of Payee Corsair Communications		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 02 / 2024	
Mailing Address 8244 Boone Trce		Amount 7000.00	
City Nashville	State TN	Zip Code 37221	Transaction ID : SE.4110
Purpose of Expenditure Production Costs for Ads		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2024
Name of Federal Candidate Harris, Kamal D, ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		7000.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	22000.00
(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.

Green, Shelby, , ,

Signature

Date

MM / DD / YYYY
10 / 04 / 2024

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

NAME OF COMMITTEE (In Full) 1000 Women Strong PAC		FEC IDENTIFICATION NUMBER ▼ C C00877886	
Check if ☐ 24-hour report ☒ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee Northwind Strategies			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 02 / 2024		
Mailing Address Po Box 364			Amount 50000.00		
City Raynham	State MA	Zip Code 02767	Transaction ID : SE.4111		
Purpose of Expenditure Advertising Services		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2024		
Name of Federal Candidate Harris, Kamal D, ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		57000.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/ Type			
Name of Federal Candidate		☐ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	50000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	72000.00

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.

Green, Shelby, , ,

Signature

Date

MM / DD / YYYY
10 / 04 / 2024