

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Vote		FEC IDENTIFICATION NUMBER ▼ C C00473918	
Check if ☒ 24-hour report ☐ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee Agency Strategies		Date of Public Distribution/Dissemination 10 / 25 / 2024	
Mailing Address 600 E Court Ave		Amount 33333.10	
City Des Moines	State IA	Zip Code 50309-2058	Transaction ID : 500017202
Purpose of Expenditure Mailhouse		Category/ Type 004	Date of Disbursement or Obligation 10 / 22 / 2024
Name of Federal Candidate BALDWIN, TAMMY, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

Full Name of Payee Agency Strategies		Date of Public Distribution/Dissemination 10 / 25 / 2024	
Mailing Address 600 E Court Ave		Amount 33333.10	
City Des Moines	State IA	Zip Code 50309-2058	Transaction ID : 500017203
Purpose of Expenditure Mailhouse		Category/ Type 004	Date of Disbursement or Obligation 10 / 22 / 2024
Name of Federal Candidate HOVDE, ERIC, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ 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.....▶	66666.20
(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.

Robinson, Denelle, , ,

Signature

Date

10 / 25 / 2024

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) Women Vote		FEC IDENTIFICATION NUMBER ▼ C C00473918	
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 / /	

Full Name of Payee Agency Strategies		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2024	
Mailing Address 600 E Court Ave		Amount 33333.10	
City Des Moines	State IA	Zip Code 50309-2058	Transaction ID : 500017204
Purpose of Expenditure Mailhouse	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2024	
Name of Federal Candidate TRUMP, DONALD, J., ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: 00
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

Full Name of Payee Agency Strategies		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2024	
Mailing Address 600 E Court Ave		Amount 33333.10	
City Des Moines	State IA	Zip Code 50309-2058	Transaction ID : 500017205
Purpose of Expenditure Mailhouse	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2024	
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: 00
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	66666.20
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Robinson, Denelle, , ,

Signature

Date

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2024

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 4
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NAME OF COMMITTEE (In Full) Women Vote		FEC IDENTIFICATION NUMBER ▼ C C00473918	
Check if ☒ 24-hour report ☐ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee Agency Strategies		Date of Public Distribution/Dissemination 10 / 25 / 2024	
Mailing Address 600 E Court Ave		Amount 16360.26	
City Des Moines	State IA	Zip Code 50309-2058	Transaction ID : 500017206
Purpose of Expenditure Mailhouse	Category/ Type 004	Date of Disbursement or Obligation 10 / 17 / 2024	
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: 00
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

Full Name of Payee The Pivot Group		Date of Public Distribution/Dissemination 10 / 25 / 2024	
Mailing Address 712 H St NE Unit 606		Amount 35913.85	
City Washington	State DC	Zip Code 20002-3627	Transaction ID : 500017207
Purpose of Expenditure Mailhouse	Category/ Type 004	Date of Disbursement or Obligation 10 / 24 / 2024	
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: 00
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	52274.11
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) Women Vote		FEC IDENTIFICATION NUMBER ▼ C C00473918
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee The Pivot Group		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2024
Mailing Address 712 H St NE Unit 606		Amount 72916.00
City Washington	State DC	Zip Code 20002-3627
Purpose of Expenditure Mailhouse	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2024
Name of Federal Candidate TRUMP, DONALD, J., ,		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: 00
Calendar Year-To-Date Per Election for Office Sought 11829375.45		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
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate		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..... ▶	72916.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	258522.51

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Robinson, Denelle, , ,

Signature

Date

MM / DD / YYYY
10 / 25 / 2024