

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

NAME OF COMMITTEE (In Full) ORGANIZING EMPOWERMENT PAC			FEC IDENTIFICATION NUMBER ▼ C C00763409		
Check if ☒ 24-hour report ☐ 48-hour report ☐ New report ☒ Amends report filed on			MM / DD / YYYY 10 / 18 / 2024		
Full Name of Payee Divisible Inc dba DOTS			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2024		
Mailing Address 1501 Mariposa Street			Amount 150000.00		
City State Zip Code San Francisco CA 94107		Transaction ID : SE.4895			
Purpose of Expenditure Canvassing via text 10/19-10/25 - estimate		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2024		
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		262229.12	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee Divisible Inc dba DOTS			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2024		
Mailing Address 1501 Mariposa Street			Amount 7500.00		
City State Zip Code San Francisco CA 94107		Transaction ID : SE.4898			
Purpose of Expenditure Canvassing via text 10/19-10/25 - estimate		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2024		
Name of Federal Candidate Lyerly, Kristin, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 08 ☐ President ☐ Senate State: WI		
Calendar Year-To-Date Per Election for Office Sought		30000.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			157500.00		
(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.					
Signature Pfohl, Michael, , ,			Date MM / DD / YYYY 10 / 24 / 2024		

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NAME OF COMMITTEE (In Full) ORGANIZING EMPOWERMENT PAC			FEC IDENTIFICATION NUMBER ▼ C C00763409		
Check if ☒ 24-hour report ☐ 48-hour report ☐ New report ☒ Amends report filed on			MM / DD / YYYY 10 / 18 / 2024		
Full Name of Payee Scale To Win			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2024		
Mailing Address 13742 Harper Street			Amount 150000.00		
City State Zip Code Santa Ana CA 92703		Transaction ID : SE.4896			
Purpose of Expenditure Canvassing via text 10/19-10/25 - estimate		Category/ Type 004		Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2024	
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		412229.12		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____	
Full Name of Payee Scale To Win			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2024		
Mailing Address 13742 Harper Street			Amount 7500.00		
City State Zip Code Santa Ana CA 92703		Transaction ID : SE.4897			
Purpose of Expenditure Canvassing via text 10/19-10/25 - estimate		Category/ Type 004		Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2024	
Name of Federal Candidate Lylerly, Kristin, , ,		☒ Support ☐ Oppose		Office Sought: ☒ House District: 08 ☐ President ☐ Senate State: WI	
Calendar Year-To-Date Per Election for Office Sought		22500.00		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			157500.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			315000.00		
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 Pfohl, Michael, , ,			Date MM / DD / YYYY 10 / 24 / 2024		