

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

NAME OF COMMITTEE (In Full) HISPANIC LEADERSHIP PAC			FEC IDENTIFICATION NUMBER ▼ C C00839977		
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 M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Echo Canyon Consulting LLC			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2024 M M M / D D D / Y Y Y Y Y Y		
Mailing Address 3700 Duke St			Amount 10000.84		
City Alexandria		State VA	Zip Code 22304		Transaction ID : SE.4197
Purpose of Expenditure IE-Ciscomani-Direct Mail		Category/ Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2024 M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate CISCOMANI, JUAN, , ,			☒ Support ☐ Oppose		Office Sought: ☒ House District: 06 ☐ President ☐ Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought			10000.84		
Disbursement For: ☐ Primary ☒ General 2024			☐ Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y		
Mailing Address			Amount 		
City		State	Zip Code		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y
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..... ▶

10000.84

(b) **SUBTOTAL** of Unitemized Independent Expenditures ▶

(c) **TOTAL** Independent Expenditures..... ▶

10000.84

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

Lisker, Lisa, , ,

Date

M M M / D D D / Y Y Y Y Y Y

10 / 18 / 2024

M M M / D D D / Y Y Y Y Y Y