

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Committee To Protect Health Care PAC		FEC IDENTIFICATION NUMBER ▼ C C00736637	
Check if ☒ 24-hour report ☐ 48-hour report ☐ New report ☒ Amends report filed on		MM / DD / YYYY 10 / 25 / 2024	

Full Name of Payee Moxie Media		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2024	
Mailing Address PO Box 30084		Amount 20562.41	
City Seattle	State WA	Zip Code 98113-2084	Transaction ID : 500193931
Purpose of Expenditure Printing & Postage		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2024
Name of Federal Candidate TRUMP, DONALD, J., ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: US
Calendar Year-To-Date Per Election for Office Sought		283411.15	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee Moxie Media		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2024	
Mailing Address PO Box 30084		Amount 20562.41	
City Seattle	State WA	Zip Code 98113-2084	Transaction ID : 500193932
Purpose of Expenditure Printing & Postage		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2024
Name of Federal Candidate HARRIS, KAMALA, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: US
Calendar Year-To-Date Per Election for Office Sought		283411.15	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	41124.82
(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.

Bryson, Joel, , ,
Signature

Date MM / DD / YYYY
10 / 25 / 2024

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Committee To Protect Health Care PAC		FEC IDENTIFICATION NUMBER ▼ C C00736637	
Check if ☒ 24-hour report ☐ 48-hour report ☐ New report ☒ Amends report filed on		MM / DD / YYYY 10 / 25 / 2024	

Full Name of Payee The Action Factory		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2024	
Mailing Address 3317 W Fullerton Ave		Amount 1569.83	
City Chicago	State IL	Zip Code 60647-2513	Transaction ID : 500194221
Purpose of Expenditure Social Media Advertising		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2024
Name of Federal Candidate HARRIS, KAMALA, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

Full Name of Payee The Action Factory		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2024	
Mailing Address 3317 W Fullerton Ave		Amount 983.26	
City Chicago	State IL	Zip Code 60647-2513	Transaction ID : 500194222
Purpose of Expenditure Social Media Advertising		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2024
Name of Federal Candidate TRUMP, DONALD, J., ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2553.09
(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.

Bryson, Joel, , ,
Signature

Date MM / DD / YYYY
10 / 25 / 2024

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Committee To Protect Health Care PAC		FEC IDENTIFICATION NUMBER ▼ C C00736637	
Check if ☒ 24-hour report ☐ 48-hour report ☐ New report ☒ Amends report filed on		MM / DD / YYYY 10 / 25 / 2024	

Full Name of Payee The Action Factory		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2024	
Mailing Address 3317 W Fullerton Ave		Amount 34185.86	
City Chicago	State IL	Zip Code 60647-2513	Transaction ID : 500197832
Purpose of Expenditure Social Media Advertising		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2024
Name of Federal Candidate HARRIS, KAMALA, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: US
Calendar Year-To-Date Per Election for Office Sought		283411.15	Disbursement For: ☐ Primary ☒ General ☐ 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..... ▶	34185.86
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	77863.77

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.

Bryson, Joel, , ,
Signature

Date MM / DD / YYYY
10 / 25 / 2024