

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

NAME OF COMMITTEE (In Full) Indivisible Action			FEC IDENTIFICATION NUMBER ▼ C C00678839		
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 Minuteman Press			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2024		
Mailing Address 61 Executive Blvd			Amount 213.25		
City State Zip Code Farmingdale NY 11735-4710		Transaction ID : 500193122 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2024			
Purpose of Expenditure Literature		Category/ Type			
Name of Federal Candidate Harris, Kamala, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 203632.54			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee Printing Specialist			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2024		
Mailing Address 9015 Junction Dr Ste 5			Amount 8900.00		
City State Zip Code Annapolis Junction MD 20701-1142		Transaction ID : 500193121 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2024			
Purpose of Expenditure Literature		Category/ Type			
Name of Federal Candidate Harris, Kamala, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 203632.54			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			9113.25		
(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 Ramey, Elizabeth, , ,			Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2024		

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NAME OF COMMITTEE (In Full) Indivisible Action		FEC IDENTIFICATION NUMBER ▼ C C00678839	
Check if ☒ 24-hour report ☐ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee The Spoken Hub LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address PO Box 615		Amount 123.40	
City Manhasset	State NY	Zip Code 11030-0615	Transaction ID : 500193123
Purpose of Expenditure Telephone Calls		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 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		203632.54	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee USPS		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2024	
Mailing Address 940 Thayer Ave		Amount 3629.36	
City Silver Spring	State MD	Zip Code 20910-5160	Transaction ID : 500193118
Purpose of Expenditure Postage		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 01 / 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		203632.54	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3752.76
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Ramey, Elizabeth, , ,

Signature

Date

MM / DD / YYYY
10 / 22 / 2024

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Full Name of Payee USPS		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2024	
Mailing Address 940 Thayer Ave		Amount 300.70	
City Silver Spring	State MD	Zip Code 20910-5160	Transaction ID : 500193119
Purpose of Expenditure Postage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 15 / 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		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

Full Name of Payee USPS		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2024	
Mailing Address 940 Thayer Ave		Amount 2189.10	
City Silver Spring	State MD	Zip Code 20910-5160	Transaction ID : 500193120
Purpose of Expenditure Postage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 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		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2489.80
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Ramey, Elizabeth, , ,

Signature

Date

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Full Name of Payee Zippity Prints			Date of Public Distribution/Dissemination 10 / 19 / 2024		
Mailing Address 1060 W Bagley Rd Ste 102			Amount 116.50		
City Berea	State OH	Zip Code 44017-2938	Transaction ID : 500193116		
Purpose of Expenditure Stickers (estimate)		Category/ Type	Date of Disbursement or Obligation 10 / 15 / 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		203632.54	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		

Full Name of Payee Zippity Prints			Date of Public Distribution/Dissemination 10 / 19 / 2024		
Mailing Address 1060 W Bagley Rd Ste 102			Amount 366.25		
City Berea	State OH	Zip Code 44017-2938	Transaction ID : 500193117		
Purpose of Expenditure Literature		Category/ Type	Date of Disbursement or Obligation 10 / 15 / 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		203632.54	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	482.75
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	15838.56

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Ramey, Elizabeth, , ,

Signature

Date

10 / 22 / 2024