

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

NAME OF COMMITTEE (In Full) SD PAC			FEC IDENTIFICATION NUMBER ▼ C C00757419		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY		
Full Name of Payee DK Strategies			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2024		
Mailing Address 824 Varnum St NW Unit 3			Amount 90000.00		
City Washington State DC Zip Code 20011-7232		Transaction ID : 500036632			
Purpose of Expenditure Advertising - 10/30		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 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		401000.00		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	
Full Name of Payee DK Strategies			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2024		
Mailing Address 824 Varnum St NW Unit 3			Amount 95000.00		
City Washington State DC Zip Code 20011-7232		Transaction ID : 500036633			
Purpose of Expenditure Production and Digital Placement - 10/30		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 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		401000.00		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			185000.00		
(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 Jackson, Sue, , ,			Date MM / DD / YYYY 10 / 31 / 2024		

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

NAME OF COMMITTEE (In Full) SD PAC		FEC IDENTIFICATION NUMBER ▼ C C00757419
Check if ☒ 24-hour report ☐ 48-hour report		☒ New report ☐ Amends report filed on

Full Name of Payee Mission Control Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2024
Mailing Address 624 Hebron Ave		Amount 1000.00
City Glastonbury	State CT	Zip Code 06033-2470
Purpose of Expenditure Graphic Design - 10/30	Category/ Type	Transaction ID : 500036634 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 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		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		☐ 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.....▶	1000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	186000.00

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.

Jackson, Sue, , ,
Signature

Date MM / DD / YYYY
10 / 31 / 2024