

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 12
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Power to the Polls Federal Fund			FEC IDENTIFICATION NUMBER ▼ C C00869073		
Check if ☒ 24-hour report ☐ 48-hour report ☐ New report ☒ Amends report filed on					
		M M / D D / Y Y Y Y Y Y 10 / 25 / 2024			
Full Name of Payee 4C Partners			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2024		
Mailing Address 1100 Wythe St			Amount 31850.00		
City Alexandria		State VA	Zip Code 22313-8001		
Purpose of Expenditure Digital Advertising Production (Estimate)		Category/ Type		Transaction ID : E8F0C59D1E38A45DBBF8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2024	
Name of Federal Candidate Trump, Donald, , ,			Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 3104364.30			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee 4C Partners			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2024		
Mailing Address 1100 Wythe St			Amount 13650.00		
City Alexandria		State VA	Zip Code 22313-8001		
Purpose of Expenditure Digital Advertising Production (Estimate)		Category/ Type		Transaction ID : EB74C6266B6794EE4A56 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2024	
Name of Federal Candidate Harris, Kamala, , ,			Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 3104364.30			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			45500.00		
(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 Boynton, Jacqueline, , ,			Date M M / D D / Y Y Y Y Y Y 11 / 04 / 2024		

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NAME OF COMMITTEE (In Full) Power to the Polls Federal Fund		FEC IDENTIFICATION NUMBER ▼ C C00869073	
Check if ☒ 24-hour report ☐ 48-hour report ☐ New report ☒ Amends report filed on		MM / DD / YYYY 10 / 25 / 2024	

Full Name of Payee Colonial Quality Printing		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2024	
Mailing Address 2997 S. Howell Ave		Amount 2346.83	
City Milwaukee	State WI	Zip Code 53207-2083	Transaction ID : E88B94DEBEE664E69929
Purpose of Expenditure Canvassing Literature		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2024
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____	

Full Name of Payee Colonial Quality Printing		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2024	
Mailing Address 2997 S. Howell Ave		Amount 339.43	
City Milwaukee	State WI	Zip Code 53207-2083	Transaction ID : E3FF491090BDD45C7815
Purpose of Expenditure Canvassing material		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2024
Name of Federal Candidate Baldwin, Tammy, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2686.26
(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.

Boynton, Jacqueline, , ,

Signature

Date

MM / DD / YYYY
11 / 04 / 2024

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NAME OF COMMITTEE (In Full) Power to the Polls Federal Fund		FEC IDENTIFICATION NUMBER ▼ C C00869073	
Check if ☒ 24-hour report ☐ 48-hour report ☐ New report ☒ Amends report filed on		MM / DD / YYYY 10 / 25 / 2024	

Full Name of Payee Colonial Quality Printing		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2024	
Mailing Address 2997 S. Howell Ave		Amount 3129.10	
City Milwaukee	State WI	Zip Code 53207-2083	Transaction ID : E0EB9FE7858B64919B08
Purpose of Expenditure Canvassing Literature		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2024
Name of Federal Candidate Trump, Donald, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____	

Full Name of Payee Colonial Quality Printing		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2024	
Mailing Address 2997 S. Howell Ave		Amount 782.28	
City Milwaukee	State WI	Zip Code 53207-2083	Transaction ID : E454B9FB8A9884C25AE3
Purpose of Expenditure Canvassing Literature		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2024
Name of Federal Candidate Baldwin, Tammy, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3911.38
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Boynton, Jacqueline, , ,
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Date MM / DD / YYYY
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NAME OF COMMITTEE (In Full) Power to the Polls Federal Fund		FEC IDENTIFICATION NUMBER ▼ C C00869073	
Check if ☒ 24-hour report ☐ 48-hour report ☐ New report ☒ Amends report filed on		MM / DD / YYYY 10 / 25 / 2024	

Full Name of Payee Colonial Quality Printing			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2024		
Mailing Address 2997 S. Howell Ave			Amount 1018.29		
City Milwaukee	State WI	Zip Code 53207-2083	Transaction ID : E764C84A880674415BE1		
Purpose of Expenditure Canvassing material		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2024		
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		3104364.30	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		

Full Name of Payee Colonial Quality Printing			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2024		
Mailing Address 2997 S. Howell Ave			Amount 1357.73		
City Milwaukee	State WI	Zip Code 53207-2083	Transaction ID : E31FB274CD679479F9B3		
Purpose of Expenditure Canvassing material		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2024		
Name of Federal Candidate Trump, Donald, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		3104364.30	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2376.02
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Boynton, Jacqueline, , ,

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NAME OF COMMITTEE (In Full) Power to the Polls Federal Fund			FEC IDENTIFICATION NUMBER ▼ C C00869073		
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 10 / 25 / 2024			
Full Name of Payee Cousins Subs ☒			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2024		
Mailing Address 6512 W Greenfield Ave			Amount 466.04		
City State Zip Code Milwaukee WI 53214-4940		Transaction ID : ED48CADA1A6E243FE802 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y			
Purpose of Expenditure Office Supplies (Estimate)		Category/ Type			
Name of Federal Candidate Harris, Kamala, , ,			☒ Support Office Sought: ☐ House District: 00 ☐ Oppose ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 3104364.30			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee Cousins Subs ☒			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2024		
Mailing Address 6512 W Greenfield Ave			Amount 621.38		
City State Zip Code Milwaukee WI 53214-4940		Transaction ID : EE7402B7E05414C9994F Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y			
Purpose of Expenditure Office Supplies (Estimate)		Category/ Type			
Name of Federal Candidate Trump, Donald, , ,			☐ Support Office Sought: ☐ House District: 00 ☒ Oppose ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 3104364.30			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			0.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
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Signature Boynton, Jacqueline, , ,			Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2024		

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NAME OF COMMITTEE (In Full) Power to the Polls Federal Fund		FEC IDENTIFICATION NUMBER ▼ C C00869073	
Check if ☒ 24-hour report ☐ 48-hour report ☐ New report ☒ Amends report filed on		MM / DD / YYYY 10 / 25 / 2024	

Full Name of Payee Cousins Subs X		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2024	
Mailing Address 6512 W Greenfield Ave		Amount 155.35	
City Milwaukee	State WI	Zip Code 53214-4940	Transaction ID : E9C57EA9101C04782A17
Purpose of Expenditure Office Supplies (Estimate)		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Baldwin, Tammy, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		720236.62	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee Hampton BP X		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2024	
Mailing Address 11728 W Hampton Ave		Amount 257.25	
City Milwaukee	State WI	Zip Code 53225-3608	Transaction ID : E4A48CAA2CD114434A4C
Purpose of Expenditure Staff Travel (Estimate)		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		3104364.30	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Boynton, Jacqueline, , ,

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Date

MM / DD / YYYY
11 / 04 / 2024

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NAME OF COMMITTEE (In Full) Power to the Polls Federal Fund		FEC IDENTIFICATION NUMBER ▼ C C00869073	
Check if ☒ 24-hour report ☐ 48-hour report ☐ New report ☒ Amends report filed on		MM / DD / YYYY 10 / 25 / 2024	

Full Name of Payee Hampton BP X		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2024	
Mailing Address 11728 W Hampton Ave		Amount 343.00	
City Milwaukee	State WI	Zip Code 53225-3608	Transaction ID : ECF2E642C76704A6197D
Purpose of Expenditure Staff Travel (Estimate)		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Trump, Donald, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		3104364.30	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

Full Name of Payee Hampton BP X		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2024	
Mailing Address 11728 W Hampton Ave		Amount 85.75	
City Milwaukee	State WI	Zip Code 53225-3608	Transaction ID : ED678B54E943146E7848
Purpose of Expenditure Staff Travel (Estimate)		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Baldwin, Tammy, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		720236.62	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Boynton, Jacqueline, , ,

Signature

Date

MM / DD / YYYY
11 / 04 / 2024

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NAME OF COMMITTEE (In Full) Power to the Polls Federal Fund		FEC IDENTIFICATION NUMBER ▼ C C00869073	
Check if ☒ 24-hour report ☐ 48-hour report ☐ New report ☒ Amends report filed on		MM / DD / YYYY 10 / 25 / 2024	

Full Name of Payee LDR Site Services X		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2024	
Mailing Address 6000 Lake Forrest Dr NW #430		Amount 98.00	
City Atlanta	State GA	Zip Code 30328-3896	Transaction ID : E1B00EF23100D4181A6B Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Portable Bathrooms (Estimate)		Category/ Type	
Name of Federal Candidate Hovde, Eric, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		720236.62	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee LDR Site Services X		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2024	
Mailing Address 6000 Lake Forrest Dr NW #430		Amount 392.00	
City Atlanta	State GA	Zip Code 30328-3896	Transaction ID : EC2F54220076E4BB7A55 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Portable Bathrooms (Estimate)		Category/ Type	
Name of Federal Candidate Trump, Donald, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		3104364.30	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Boynton, Jacqueline, , ,

Signature

Date

MM / DD / YYYY
11 / 04 / 2024

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NAME OF COMMITTEE (In Full) Power to the Polls Federal Fund		FEC IDENTIFICATION NUMBER ▼ C C00869073	
Check if ☒ 24-hour report ☐ 48-hour report ☐ New report ☒ Amends report filed on		MM / DD / YYYY 10 / 25 / 2024	

Full Name of Payee LDR Site Services X		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2024	
Mailing Address 6000 Lake Forrest Dr NW #430		Amount 367.50	
City Atlanta	State GA	Zip Code 30328-3896	Transaction ID : EB6EAF93E190E415CBB2 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Portable Bathrooms (Estimate)		Category/ Type	
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

Full Name of Payee LDR Site Services X		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2024	
Mailing Address 6000 Lake Forrest Dr NW #430		Amount 122.50	
City Atlanta	State GA	Zip Code 30328-3896	Transaction ID : E50EA5372416444BB928 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Portable Bathrooms (Estimate)		Category/ Type	
Name of Federal Candidate Baldwin, Tammy, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(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.

Boynton, Jacqueline, , ,

Signature

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NAME OF COMMITTEE (In Full) Power to the Polls Federal Fund		FEC IDENTIFICATION NUMBER ▼ C C00869073	
Check if ☒ 24-hour report ☐ 48-hour report ☐ New report ☒ Amends report filed on		MM / DD / YYYY 10 / 25 / 2024	

Full Name of Payee Office Max		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2024	
Mailing Address 2817 S Oneida St		Amount 132.42	
City Green Bay	State WI	Zip Code 54304-5748	Transaction ID : EF91FA0D7BA634213B1D
Purpose of Expenditure Office Supplies - Paid with Wex Credit Card		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		3104364.30	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

Full Name of Payee Office Max		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2024	
Mailing Address 2817 S Oneida St		Amount 176.56	
City Green Bay	State WI	Zip Code 54304-5748	Transaction ID : EB25AAB3032F04FC6BC7
Purpose of Expenditure Office Supplies - Paid with Wex Credit Card		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Trump, Donald, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		3104364.30	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	308.98
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Boynton, Jacqueline, , ,
Signature

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NAME OF COMMITTEE (In Full) Power to the Polls Federal Fund			FEC IDENTIFICATION NUMBER ▼ C C00869073		
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 10 / 25 / 2024			
Full Name of Payee Office Max			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2024		
Mailing Address 2817 S Oneida St			Amount 44.14		
City State Zip Code Green Bay WI 54304-5748		Transaction ID : EBB2F5EE6D9F94AEE82E Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y			
Purpose of Expenditure Office Supplies - Paid with Wex Credit Card		Category/ Type			
Name of Federal Candidate Baldwin, Tammy, , ,		☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: WI	
Calendar Year-To-Date Per Election for Office Sought		720236.62		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____	
Full Name of Payee Walmart			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2024		
Mailing Address 2292 Main St			Amount 8.98		
City State Zip Code Green Bay WI 54311-5307		Transaction ID : E95939129630C4135A7F Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y			
Purpose of Expenditure Office Supplies - Paid with Wex Credit Card		Category/ Type			
Name of Federal Candidate Trump, Donald, , ,		☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		3104364.30		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			53.12		
(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 Boynton, Jacqueline, , ,			Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2024		

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NAME OF COMMITTEE (In Full) Power to the Polls Federal Fund			FEC IDENTIFICATION NUMBER ▼ C C00869073		
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 10 / 25 / 2024			
Full Name of Payee Walmart			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2024		
Mailing Address 2292 Main St			Amount 2.24		
City State Zip Code Green Bay WI 54311-5307		Transaction ID : EF035C041CD1F420AAEE Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y			
Purpose of Expenditure Office Supplies - Paid with Wex Credit Card		Category/ Type			
Name of Federal Candidate Baldwin, Tammy, , ,		☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: WI	
Calendar Year-To-Date Per Election for Office Sought		720236.62		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____	
Full Name of Payee Walmart			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2024		
Mailing Address 2292 Main St			Amount 6.73		
City State Zip Code Green Bay WI 54311-5307		Transaction ID : E1D4DB4CE65724E179A1 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y			
Purpose of Expenditure Office Supplies - Paid with Wex Credit Card		Category/ Type			
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		3104364.30		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			8.97		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			54844.73		
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 Boynton, Jacqueline, , ,			Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2024		