

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 9 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		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

Date

MM / DD / YYYY
11 / 04 / 2024