

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

NAME OF COMMITTEE (In Full) UAW EDUCATION FUND			FEC IDENTIFICATION NUMBER ▼ C C00528448	
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on			M M / D D / Y Y Y Y Y Y	
Full Name of Payee T-SHIRT PLUS, LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 10 / 2024		
Mailing Address 508 20 MILE RD		Amount 3193.80		
City BARRYTON	State MI	Zip Code 49305	Transaction ID : SE.4633	
Purpose of Expenditure RALLY T-SHIRTS		Category/ Type 007	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate HARRIS, KAMALA D., , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		175487.92	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____	
Full Name of Payee		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address		Amount		
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
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.....		3193.80		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....		3193.80		
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.				
MOCK, MARGARET, , , Signature		Date 10 / 11 / 2024		