

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

NAME OF COMMITTEE (In Full) API PA Votes			FEC IDENTIFICATION NUMBER ▼ C C00761064		
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 Y Y					
Full Name of Payee Asian Pacific Islander Political Alliance			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 11 / 03 / 2024		
Mailing Address PO Box 22611			Amount 198.07		
City Philadelphia		State PA	Zip Code 19110-2611		
Purpose of Expenditure Canvassing (Estimate)		Category/ Type		Transaction ID : 500086373 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y	
Name of Federal Candidate Harris, Kamala, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: 00
Calendar Year-To-Date Per Election for Office Sought 717788.45			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee Base Builder			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 11 / 03 / 2024		
Mailing Address 3126 Oakland Ave			Amount 548.40		
City Minneapolis		State MN	Zip Code 55407-1523		
Purpose of Expenditure Canvassing (Estimate)		Category/ Type		Transaction ID : 500086369 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y	
Name of Federal Candidate Harris, Kamala, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: 00
Calendar Year-To-Date Per Election for Office Sought 717788.45			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			746.47		
(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 Seshadri, Mohan, , ,			Date M M M / D D D / Y Y Y Y Y Y Y Y 11 / 04 / 2024		

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NAME OF COMMITTEE (In Full) API PA Votes			FEC IDENTIFICATION NUMBER ▼ C C00761064		
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 Base Builder			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2024		
Mailing Address 3126 Oakland Ave			Amount 300.40		
City Minneapolis		State MN	Zip Code 55407-1523		Transaction ID : 500086370
Purpose of Expenditure Phonebanking (Estimate)		Category/ Type		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Harris, Kamala, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: 00
Calendar Year-To-Date Per Election for Office Sought			717788.45 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
Full Name of Payee Scale to Win			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2024		
Mailing Address 13742 Harper St			Amount 257.05		
City Santa Ana		State CA	Zip Code 92703-1419		Transaction ID : 500086371
Purpose of Expenditure Phone Calls (Estimate)		Category/ Type		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Harris, Kamala, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: 00
Calendar Year-To-Date Per Election for Office Sought			717788.45 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			557.45		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			1303.92		
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 Seshadri, Mohan, , ,			Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2024		