

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 3  
FOR SE OF FORM 24/48

|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                 |                                                                                                                                                                                                                                               |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Human Rights Campaign Equality Votes PAC</b>                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                 | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00508440</div>                                                                                                     |  |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on                                                                                                                                                          |  |                                                                                                                                                                                                 |                                                                                                                                                                                                                                               |  |  |
|                                                                                                                                                                                                                                                                                                                                                             |  | M M / D D / Y Y Y Y Y Y<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 04 / 2024</div>                                                                      |                                                                                                                                                                                                                                               |  |  |
| Full Name of Payee<br>Human Rights Campaign                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                 | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y<br/>11 / 03 / 2024</div>                                                                      |  |  |
| Mailing Address 1640 Rhode Island Ave NW                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                 | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">188.99</div>                                                                                                                                             |  |  |
| City Washington      State DC      Zip Code 20036-3200                                                                                                                                                                                                                                                                                                      |  | Transaction ID : 500691029<br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y<br/>11 / 02 / 2024</div> |                                                                                                                                                                                                                                               |  |  |
| Purpose of Expenditure<br>Advertising - digital                                                                                                                                                                                                                                                                                                             |  | Category/<br>Type                                                                                                                                                                               |                                                                                                                                                                                                                                               |  |  |
| Name of Federal Candidate<br>Trump, Donald, J., ,                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                 | <input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00<br><input checked="" type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____ |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024<br><input type="checkbox"/> Other (specify) ▶ _____                                                                                       |  |  |
| Full Name of Payee<br>Human Rights Campaign                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                 | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y<br/>11 / 03 / 2024</div>                                                                      |  |  |
| Mailing Address 1640 Rhode Island Ave NW                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                 | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">90.78</div>                                                                                                                                              |  |  |
| City Washington      State DC      Zip Code 20036-3200                                                                                                                                                                                                                                                                                                      |  | Transaction ID : 500691031<br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y<br/>11 / 02 / 2024</div> |                                                                                                                                                                                                                                               |  |  |
| Purpose of Expenditure<br>Advertising - digital                                                                                                                                                                                                                                                                                                             |  | Category/<br>Type                                                                                                                                                                               |                                                                                                                                                                                                                                               |  |  |
| Name of Federal Candidate<br>Harris, Kamala, , ,                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                 | <input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00<br><input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____ |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024<br><input type="checkbox"/> Other (specify) ▶ _____                                                                                       |  |  |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                 | <div style="border: 1px solid black; padding: 2px; display: inline-block;">279.77</div>                                                                                                                                                       |  |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                 | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                                             |  |  |
| (c) TOTAL Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                 | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                                             |  |  |
| 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<br><br>Rinefierd, James, M., ,                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                 | Date<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y<br/>11 / 05 / 2024</div>                                                                                                           |  |  |

## FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F24A

Transaction ID :

Amending report to correct name of vendor and to account for a corrected billing for an additional 38 cents.

Form/Schedule:

Transaction ID:

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 3  
FOR SE OF FORM 24/48

|                                                                                                                                                                                                    |  |                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>Human Rights Campaign Equality Votes PAC</b>                                                                                                                     |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00508440 |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on |  | MM / DD / YYYY<br><b>11 / 04 / 2024</b>           |  |

|                                                         |             |                                                                                |                                                                                                                                                          |  |  |
|---------------------------------------------------------|-------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name of Payee<br>Meta                              |             |                                                                                | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>11 / 03 / 2024</b>                                                                     |  |  |
| Mailing Address 1 Hacker Way                            |             |                                                                                | Amount<br><b>5499.79</b>                                                                                                                                 |  |  |
| City<br>Menlo Park                                      | State<br>CA | Zip Code<br>94025-1456                                                         | Transaction ID : 500692015                                                                                                                               |  |  |
| Purpose of Expenditure<br>Advertising - digital         |             | Category/<br>Type                                                              | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>11 / 04 / 2024</b>                                                                            |  |  |
| Name of Federal Candidate<br>Trump, Donald, J., ,       |             | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought |             | 1122605.93                                                                     | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____       |  |  |

|                                                         |       |                                                                     |                                                                                                                                                  |  |  |
|---------------------------------------------------------|-------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name of Payee                                      |       |                                                                     | Date of Public Distribution/Dissemination<br>MM / DD / YYYY                                                                                      |  |  |
| Mailing Address                                         |       |                                                                     | Amount                                                                                                                                           |  |  |
| City                                                    | State | Zip Code                                                            | Date of Disbursement or Obligation<br>MM / DD / YYYY                                                                                             |  |  |
| Purpose of Expenditure                                  |       | Category/<br>Type                                                   |                                                                                                                                                  |  |  |
| Name of Federal Candidate                               |       | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought |       |                                                                     | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____          |  |  |

|                                                             |         |
|-------------------------------------------------------------|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶    | 5499.79 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ |         |
| (c) TOTAL Independent Expenditures..... ▶                   | 5779.56 |

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.

Rinefierd, James, M., ,

Signature

Date

MM / DD / YYYY  
**11 / 05 / 2024**