

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

NAME OF COMMITTEE (In Full) Indivisible Action			FEC IDENTIFICATION NUMBER ▼ C C00678839		
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 Busy Beaver Button Co			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2024		
Mailing Address 3407 W Armitage Ave			Amount 2200.00		
City Chicago		State IL	Zip Code 60647-3719		Transaction ID : 500195699
Purpose of Expenditure Buttons		Category/ Type		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2024	
Name of Federal Candidate Harris, Kamala, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 223777.19			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee Civitech			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2024		
Mailing Address 300 W 23Rd St Apt 10N			Amount 187.15		
City New York		State NY	Zip Code 10011-2244		Transaction ID : 500195695
Purpose of Expenditure Text Messages		Category/ Type		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2024	
Name of Federal Candidate Harris, Kamala, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 223777.19			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			2387.15		
(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 Ramey, Elizabeth, , ,			Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2024		

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Check if ☒ 24-hour report ☐ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee Financial Innovations, Inc			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2024		
Mailing Address 1 Weingeroff Blvd			Amount 3465.00		
City Cranston	State RI	Zip Code 02910-4009	Transaction ID : 500195698		
Purpose of Expenditure T-Shirts		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2024		
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		223777.19	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		

Full Name of Payee Minuteman Press			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2024		
Mailing Address 61 Executive Blvd			Amount 697.93		
City Farmingdale	State NY	Zip Code 11735-4710	Transaction ID : 500195696		
Purpose of Expenditure Literature		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2024		
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		223777.19	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4162.93
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Ramey, Elizabeth, , ,
Signature

Date MM / DD / YYYY
11 / 02 / 2024

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Check if ☒ 24-hour report ☐ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee The Spoken Hub LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2024	
Mailing Address PO Box 615		Amount 140.27	
City Manhasset	State NY	Zip Code 11030-0615	Transaction ID : 500195694
Purpose of Expenditure Telephone Calls	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2024	
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

Full Name of Payee TShirtCo		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2024	
Mailing Address 4524 S Saint Peters Pkwy		Amount 907.39	
City Saint Peters	State MO	Zip Code 63304-7342	Transaction ID : 500195697
Purpose of Expenditure T-shirts	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2024	
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1047.66
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	7597.74

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.

Ramey, Elizabeth, , ,
Signature

Date 11 / 02 / 2024