

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

NAME OF COMMITTEE (In Full) CATHOLICVOTE.ORG CANDIDATE FUND			FEC IDENTIFICATION NUMBER ▼ C C00494021		
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 Facebook			Date of Public Distribution/Dissemination 10 / 28 / 2024		
Mailing Address 156 University Ave			Amount 25000.00		
City Palo Alto	State CA	Zip Code 94301	Transaction ID : SE.45600		
Purpose of Expenditure Social media ads		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
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		597500.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee Frontline Strategies LLC			Date of Public Distribution/Dissemination 10 / 28 / 2024		
Mailing Address 1776 Wilson Blvd Ste 530			Amount 50000.00		
City Arlington	State VA	Zip Code 22209	Transaction ID : SE.45602		
Purpose of Expenditure Social media advertising		Category/ Type 004	Date of Disbursement or Obligation 10 / 28 / 2024		
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		673000.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			75000.00		
(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.					
Signature Burch, Brian, , ,			Date 10 / 29 / 2024		

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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 Statt Group			Date of Public Distribution/Dissemination 10 / 28 / 2024		
Mailing Address 335 S Rosemont Ave			Amount 500.00		
City Dallas		State TX	Zip Code 75208		Transaction ID : SE.45599
Purpose of Expenditure Digital advertising		Category/ Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
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			623000.00 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee X Corp			Date of Public Distribution/Dissemination 10 / 28 / 2024		
Mailing Address 1355 Market Street Suite 900			Amount 25000.00		
City San Francisco		State CA	Zip Code 94103		Transaction ID : SE.45598
Purpose of Expenditure Social media advertising		Category/ Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
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			622500.00 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			25500.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			100500.00		
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 Burch, Brian, , ,			Date 10 / 29 / 2024		