

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 5
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Vote			FEC IDENTIFICATION NUMBER ▼ C C00473918		
Check if ☐ 24-hour report ☒ 48-hour report ☐ New report ☒ Amends report filed on MM / DD / YYYY 10 / 15 / 2024					
Full Name of Payee GPS Impact			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 15 / 2024		
Mailing Address 220 SE 6th St Ste 330			Amount 2577.37		
City Des Moines		State IA	Zip Code 50309-4845		Transaction ID : 500017145
Purpose of Expenditure TV Media Production		Category/ Type 004		Date of Disbursement or Obligation MM / DD / YYYY 10 / 15 / 2024	
Name of Federal Candidate MACKENZIE, RYAN, EDWARD, ,			☐ Support ☒ Oppose		Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: PA
Calendar Year-To-Date Per Election for Office Sought			186829.37 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
Full Name of Payee MVAR Media LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 15 / 2024		
Mailing Address 1421 Prince St Ste 320			Amount 251000.00		
City Alexandria		State VA	Zip Code 22314-2805		Transaction ID : 500017146
Purpose of Expenditure Digital Buy		Category/ Type 004		Date of Disbursement or Obligation MM / DD / YYYY 10 / 10 / 2024	
Name of Federal Candidate Rogers, Michael, J, ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought			507472.50 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			253577.37		
(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 Robinson, Denelle, , ,			Date MM / DD / YYYY 10 / 16 / 2024		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 5
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Vote		FEC IDENTIFICATION NUMBER ▼ C C00473918	
Check if ☐ 24-hour report ☒ 48-hour report		☐ New report	☒ Amends report filed on
		M M / D D / Y Y Y Y Y Y 10 / 15 / 2024	

Full Name of Payee MVAR Media LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 15 / 2024	
Mailing Address 1421 Prince St Ste 320		Amount 3835.00	
City Alexandria	State VA	Zip Code 22314-2805	Transaction ID : 500017147
Purpose of Expenditure Digital Production		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 17 / 2024
Name of Federal Candidate Rogers, Michael, J, ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	
		507472.50	

Full Name of Payee MVAR Media LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 15 / 2024	
Mailing Address 1421 Prince St Ste 320		Amount 106.25	
City Alexandria	State VA	Zip Code 22314-2805	Transaction ID : 500017161
Purpose of Expenditure Digital Media Production		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 15 / 2024
Name of Federal Candidate TRUMP, DONALD, J, ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: 00
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	
		9652708.37	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3941.25
(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.

Robinson, Denelle, , ,

Signature

Date

M M / D D / Y Y Y Y Y Y
10 / 16 / 2024

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 5
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Vote			FEC IDENTIFICATION NUMBER ▼ C C00473918		
Check if ☐ 24-hour report ☒ 48-hour report ☐ New report ☒ Amends report filed on M M / D D / Y Y Y Y Y Y 10 / 15 / 2024					
Full Name of Payee MVAR Media LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 15 / 2024		
Mailing Address 1421 Prince St Ste 320			Amount 318.75		
City Alexandria		State VA	Zip Code 22314-2805		Transaction ID : 500017162
Purpose of Expenditure Digital Media Production		Category/ Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 15 / 2024	
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			9652708.37 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
Full Name of Payee Ralston Lapp Guinn Media			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 15 / 2024		
Mailing Address 1054 31st St NW Ste 430			Amount 7741.19		
City Washington		State DC	Zip Code 20007-6042		Transaction ID : 500017143
Purpose of Expenditure TV Media Production		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 15 / 2024	
Name of Federal Candidate COUGHLIN, KEVIN, , ,			☐ Support ☒ Oppose		Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: OH
Calendar Year-To-Date Per Election for Office Sought			127738.19 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			8059.94		
(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 Robinson, Denelle, , ,			Date M M / D D / Y Y Y Y Y Y 10 / 16 / 2024		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 4 OF 5
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Vote		FEC IDENTIFICATION NUMBER ▼ C C00473918	
Check if ☐ 24-hour report ☒ 48-hour report		☐ New report	☒ Amends report filed on
		M M / D D / Y Y Y Y Y Y 10 / 15 / 2024	

Full Name of Payee The Pivot Group		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 15 / 2024	
Mailing Address 712 H St NE Unit 606		Amount 276633.75	
City Washington	State DC	Zip Code 20002-3627	Transaction ID : 500017148
Purpose of Expenditure Mailhouse	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 07 / 2024	
Name of Federal Candidate BROWN, SAM, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	
		553717.50	

Full Name of Payee Waterfront Strategies		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 15 / 2024	
Mailing Address PO Box 771733		Amount 119997.00	
City Saint Louis	State MO	Zip Code 63177-1733	Transaction ID : 500017142
Purpose of Expenditure TV Media Buy	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 10 / 2024	
Name of Federal Candidate COUGHLIN, KEVIN, , ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	
		127738.19	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	396630.75
(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.

Robinson, Denelle, , ,

Signature

Date

M M / D D / Y Y Y Y Y Y
10 / 16 / 2024

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 5 OF 5
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Vote			FEC IDENTIFICATION NUMBER ▼ C C00473918		
Check if ☐ 24-hour report ☒ 48-hour report ☐ New report ☒ Amends report filed on M M / D D / Y Y Y Y Y Y 10 / 15 / 2024					
Full Name of Payee Waterfront Strategies			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 15 / 2024		
Mailing Address PO Box 771733			Amount 179190.00		
City Saint Louis		State MO	Zip Code 63177-1733		Transaction ID : 500017144
Purpose of Expenditure TV Media Buy		Category/ Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 10 / 2024	
Name of Federal Candidate MACKENZIE, RYAN, EDWARD, ,			☐ Support ☒ Oppose		Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: PA
Calendar Year-To-Date Per Election for Office Sought			186829.37 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
Full Name of Payee HMP			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 15 / 2024		
Mailing Address 1032 15th St, NW Ste 247			Amount 5062.00		
City Washington		State DC	Zip Code 20005		Transaction ID : 600017145
Purpose of Expenditure In-kind Media Production		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 15 / 2024	
Name of Federal Candidate MACKENZIE, RYAN, EDWARD, ,			☐ Support ☒ Oppose		Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: PA
Calendar Year-To-Date Per Election for Office Sought			186829.37 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			184252.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			846461.31		
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 Robinson, Denelle, , , Date M M / D D / Y Y Y Y Y Y 10 / 16 / 2024					