

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

NAME OF COMMITTEE (In Full) BLACK LEADERSHIP FEDERAL PAC			FEC IDENTIFICATION NUMBER ▼ C C00887414		
Check if ☒ 24-hour report ☐ 48-hour report ☐ New report ☒ Amends report filed on					
		M M / D D / Y Y Y Y Y Y 11 / 19 / 2024			
Full Name of Payee GPS Impact			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 29 / 2024		
Mailing Address 112 SE 4th St			Amount 36471.00		
City Des Moines		State IA	Zip Code 50309		Transaction ID : WFT20249301459-1 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 29 / 2024
Purpose of Expenditure Billboard Advertising		Category/ Type			
Name of Federal Candidate Harris, Kamala, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			669660.49		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____
Full Name of Payee Replica Creative			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 29 / 2024		
Mailing Address 1516 N 5th Street			Amount 18343.80		
City Philadelphia		State PA	Zip Code 19122		Transaction ID : WFT2024930151-1 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 29 / 2024
Purpose of Expenditure Advertising Signs		Category/ Type			
Name of Federal Candidate Harris, Kamala, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			688004.29		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶				54814.80	
(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 Etienne, Stephanie, , ,			Date M M / D D / Y Y Y Y Y Y 02 / 05 / 2025		

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) BLACK LEADERSHIP FEDERAL PAC		FEC IDENTIFICATION NUMBER ▼ C C00887414	
Check if ☒ 24-hour report ☐ 48-hour report ☐ New report ☒ Amends report filed on		MM / DD / YYYY 11 / 19 / 2024	

Full Name of Payee Nichols, George, , IV			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2024		
Mailing Address 1701 North 2nd Street			Amount 5000.00		
City Philadelphia	State PA	Zip Code 19122	Transaction ID : WFT2024930154-1		
Purpose of Expenditure Advertising Posters		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 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		693004.29	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		

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

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	59814.80

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.

Etienne, Stephanie, , ,

Signature

Date

MM / DD / YYYY
02 / 05 / 2025