

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

NAME OF COMMITTEE (In Full) Activate America		FEC IDENTIFICATION NUMBER ▼ C C00640300	
Check if ☒ 24-hour report ☐ 48-hour report ☐ New report ☒ Amends report filed on		MM / DD / YYYY 11 / 01 / 2024	

Full Name of Payee America Votes		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2024	
Mailing Address 1155 Connecticut Ave NW, Ste 600		Amount 232.41	
City Washington	State DC	Zip Code 20036	Transaction ID : EDT.E.1465
Purpose of Expenditure Phone Bank	Category/ Type 24E	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2024	
Name of Federal Candidate Brown, Sherrod, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____	
		8799.54	

Full Name of Payee Scale to Win		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2024	
Mailing Address 13742 Harper Street		Amount 423.43	
City Santa Ana	State CA	Zip Code 92703	Transaction ID : EDT.E.1464
Purpose of Expenditure Phone Bank	Category/ Type 24E	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2024	
Name of Federal Candidate Brown, Sherrod, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____	
		8799.54	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	655.84
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	655.84

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.

Owens, Stacy, , ,
Signature

Date MM / DD / YYYY
04 / 25 / 2025