

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

NAME OF COMMITTEE (In Full) OAKLAND CORPS PAC			FEC IDENTIFICATION NUMBER ▼ C C00891325		
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 Winning Connections			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 30 / 2024		
Mailing Address 317 Pennsylvania Ave SE			Amount 88732.00		
City Washington		State DC	Zip Code 20003		Transaction ID : SE.4125
Purpose of Expenditure GOTV - Phonebanking		Category/ Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 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			165784.02 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee Winning Connections			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 30 / 2024		
Mailing Address 317 Pennsylvania Ave SE			Amount 88732.00		
City Washington		State DC	Zip Code 20003		Transaction ID : SE.4126
Purpose of Expenditure GOTV - Phonebanking		Category/ Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2024	
Name of Federal Candidate TRUMP, DONALD J., , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			254516.02 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			177464.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			177464.00		
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 Mehlhorn, Dmitri, , ,			Date M M / D D / Y Y Y Y Y Y 10 / 30 / 2024		