

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>MILLIONS OF MICHIGANIANS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                 | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00718353</div>                                                                                                                                                                                                  |  |                                                                                                                                                                   |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                   |
| Full Name of Payee<br>WKQ Media                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                 | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div><br>07 / 25 / 2024 |  |                                                                                                                                                                   |
| Mailing Address 1502 Kearny St NE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                 | Amount<br><div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div><br>180000.00                                                                                                                                                                                                                            |  |                                                                                                                                                                   |
| City Washington      State DC      Zip Code 20017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Transaction ID : SE.4772<br>Date of Disbursement or Obligation<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div><br>07 / 17 / 2024 |                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                   |
| Purpose of Expenditure<br>Digital Ads                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Category/<br>Type 004                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                   |
| Name of Federal Candidate<br>HARRIS, KAMALA, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                                                                                                                                                                                             |  | Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____ |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                 | <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 1000000.00<br>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____                                                                                  |  |                                                                                                                                                                   |
| Full Name of Payee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                 | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>                   |  |                                                                                                                                                                   |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                 | Amount<br><div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>                                                                                                                                                                                                                                         |  |                                                                                                                                                                   |
| City      State      Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Date of Disbursement or Obligation<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>                                               |                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                   |
| Purpose of Expenditure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Category/<br>Type                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                   |
| Name of Federal Candidate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                                                                                                                                                                                                        |  | Office Sought: <input type="checkbox"/> House    District: _____<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____            |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                 | <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____                                                                                                        |  |                                                                                                                                                                   |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶</div><div style="width: 35%; text-align: right;"><div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div><br/>180000.00</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶</div><div style="width: 35%; text-align: right;"><div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures..... ▶</div><div style="width: 35%; text-align: right;"><div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div><br/>180000.00</div></div>                                  |  |                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                   |
| 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.<br><br><div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature<br/><div style="border-bottom: 1px solid black; width: 100%; margin-top: 5px;">Soltis, Joseph, , ,</div></div><div style="width: 20%; text-align: center;">Date</div><div style="width: 40%; text-align: center;"><div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div><br/>07 / 27 / 2024</div></div> |  |                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                   |