

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

NAME OF COMMITTEE (In Full) TURNOUT FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00883520	
Check if ☐ 24-hour report ☒ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee PATRIOT GRASSROOTS			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2024	
Mailing Address 1021 EAST LINCOLNWAY #503			Amount 78333.33	
City CHEYENNE	State WY	Zip Code 82001	Transaction ID : SE24.19072	
Purpose of Expenditure LITERATURE DISTRIBUTION		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 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		618273.65	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

Full Name of Payee PATRIOT GRASSROOTS			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2024	
Mailing Address 1021 EAST LINCOLNWAY #503			Amount 78333.32	
City CHEYENNE	State WY	Zip Code 82001	Transaction ID : SE24.19073	
Purpose of Expenditure LITERATURE DISTRIBUTION		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 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		618273.65	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	156666.65
(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.

RUTLAND, JANNA, , ,

Signature

Date

MM / DD / YYYY
09 / 29 / 2024

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

NAME OF COMMITTEE (In Full) TURNOUT FOR AMERICA	FEC IDENTIFICATION NUMBER ▼ C C00883520
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on	

Full Name of Payee RAMPART STRATEGIC			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2024	
Mailing Address 1209 ORANGE STREET			Amount 68593.50	
City WILMINGTON	State DE	Zip Code 19801	Transaction ID : SE24.19074	
Purpose of Expenditure PRINTING		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 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		618273.65	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

Full Name of Payee RAMPART STRATEGIC			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2024	
Mailing Address 1209 ORANGE STREET			Amount 68593.50	
City WILMINGTON	State DE	Zip Code 19801	Transaction ID : SE24.19075	
Purpose of Expenditure PRINTING		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 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		618273.65	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	137187.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	293853.65

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.

RUTLAND, JANNA, , ,

Signature

Date

MM / DD / YYYY
09 / 29 / 2024