

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) For Michigan Action Fund			FEC IDENTIFICATION NUMBER ▼ C C00886093		
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 Discount Mugs			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 25 / 2024		
Mailing Address 12610 NW 115Th Ave Bldg 200			Amount 4768.21		
City Medley	State FL	Zip Code 33178-3178	Transaction ID : 500118275		
Purpose of Expenditure 1000 Tote Bags, 2000 Foot Balls, 2000 Can Holders 'Harris Walz 2024' for campus give-a-ways		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 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		671411.43	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee Good Stock And Company			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 21 / 2024		
Mailing Address 800 E Ct Ste 160			Amount 4631.50		
City Des Moines	State IA	Zip Code 50309	Transaction ID : 500118124		
Purpose of Expenditure Harris Designed Beanies (200) for Campus Give-A-Way(s), Shipping & Tax.		Category/Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 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		671411.43	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			9399.71		
(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 Venkatarman, Amritha, , ,			Date M M / D D / Y Y Y Y Y Y 10 / 21 / 2024		

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Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Malbert Media			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2024	
Mailing Address 833 Leeds Dr			Amount 2850.00	
City State Zip Code North Bellmore NY 11710-1056		Transaction ID : 500120400 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2024		
Purpose of Expenditure Voter Recommendation Cards		Category/Type 004		
Name of Federal Candidate Harris, Kamala, , ,			☒ Support ☐ Oppose Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 671411.43			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____	
Full Name of Payee WKQ Medica, LLC			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2024	
Mailing Address 1502 Kearny St NE			Amount 100000.00	
City State Zip Code Washington DC 20017-2958		Transaction ID : 500118137 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2024		
Purpose of Expenditure Digital Media Buy		Category/Type 004		
Name of Federal Candidate Harris, Kamala, , ,			☒ Support ☐ Oppose Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 671411.43			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			102850.00	
(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 Venkatarman, Amritha, , , Date M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2024				

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Full Name of Payee WKQ Medica, LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 22 / 2024		
Mailing Address 1502 Kearny St NE			Amount 253474.24		
City Washington State DC Zip Code 20017-2958		Transaction ID : 500118249 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2024			
Purpose of Expenditure Digital Media Buy		Category/Type 004			
Name of Federal Candidate Harris, Kamala, , ,			☒ Support ☐ Oppose Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			671411.43 Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____		
Full Name of Payee			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address			Amount 		
City State Zip Code		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y			
Purpose of Expenditure		Category/Type 			
Name of Federal Candidate			☐ Support ☐ Oppose Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			 Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			253474.24		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			365723.95		
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 Venkatarman, Amritha, , , Date M M / D D / Y Y Y Y Y Y 10 / 21 / 2024					