

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

NAME OF COMMITTEE (In Full) THE IMPACT FUND			FEC IDENTIFICATION NUMBER ▼ C C00876391		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y					
Full Name of Payee Mammen Group Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 14 / 2024 M M / D D / Y Y Y Y Y Y		
Mailing Address 1920 L Street NW Suite 700			Amount 48558.72		
City Washington		State DC	Zip Code 20036		Transaction ID : WFT20244141225-1
Purpose of Expenditure Direct Mail Services		Category/Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 14 / 2024 M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Subramanyam, Suhas, , ,			☒ Support ☐ Oppose		Office Sought: ☒ House District: 10 ☐ President ☐ Senate State: VA
Calendar Year-To-Date Per Election for Office Sought			94680.91		
Disbursement For: 2024			☒ Primary ☐ General ☐ Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y 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 M M / D D / Y Y Y Y Y Y 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..... ▶

48558.72

(b) **SUBTOTAL** of Unitemized Independent Expenditures ▶

(c) **TOTAL** Independent Expenditures..... ▶

48558.72

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.

Jackson, Sue, , ,

Signature

Date

M M / D D / Y Y Y Y Y Y

05 / 14 / 2024

M M / D D / Y Y Y Y Y Y

FEC Schedule E (Form 24/28) Rev. 09/2013