

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

NAME OF COMMITTEE (In Full) DRIVING FORCE ACTION			FEC IDENTIFICATION NUMBER ▼ C C00879965		
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 Meta Platforms Inc			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 02 / 2024 M M / D D / Y Y Y Y Y Y		
Mailing Address 1 Meta Way			Amount 48000.00		
City Menlo Park		State CA	Zip Code 94025		Transaction ID : SE.4295
Purpose of Expenditure Social media advertisements (estimate)		Category/ Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 02 / 2024 M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate HARRIS, KAMALA, , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			482300.00		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 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..... ▶ 48000.00 (b) SUBTOTAL of Unitemized Independent Expenditures ▶ (c) TOTAL Independent Expenditures..... ▶ 48000.00					
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 Goch, David, , , Date M M / D D / Y Y Y Y Y Y 10 / 02 / 2024 M M / D D / Y Y Y Y Y Y					