

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

NAME OF COMMITTEE (In Full) Michigan Peoples Choice			FEC IDENTIFICATION NUMBER ▼ C C00733915		
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 Y Y					
Full Name of Payee Michigan United Action			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 11 / 03 / 2024		
Mailing Address P.O. Box 32992			Amount 37077.52		
City Detroit		State MI	Zip Code 48232		Transaction ID : SE.4324
Purpose of Expenditure Personnel		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 11 / 15 / 2024	
Name of Federal Candidate Harris, Kamala, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 392405.21			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee Michigan United Action			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 11 / 03 / 2024		
Mailing Address P.O. Box 32992			Amount 82.50		
City Detroit		State MI	Zip Code 48232		Transaction ID : SE.4326
Purpose of Expenditure personnel		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 11 / 15 / 2024	
Name of Federal Candidate Slotkin, Elissa, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: 07 ☐ President ☒ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 12536.00			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			37160.02		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			37160.02		
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 Barber, Frances, , ,			Date M M M / D D D / Y Y Y Y Y Y Y Y 05 / 05 / 2025		