

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					
Full Name of Payee GPS Impact			Date of Public Distribution/Dissemination 10 / 01 / 2024		
Mailing Address 112 SE 4Th St Unit 202			Amount 60000.00		
City Des Moines		State IA	Zip Code 50309-4858	Transaction ID : 500085008	
Purpose of Expenditure Advertising		Category/ Type	004		
				09 / 30 / 2024	
Name of Federal Candidate SHAH, AMISH, DR., ,			☒ Support ☐ Oppose	Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought			66949.50		
			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
Full Name of Payee HMP			Date of Public Distribution/Dissemination 10 / 01 / 2024		
Mailing Address 1032 15Th St NW Ste 247			Amount 6949.50		
City Washington		State DC	Zip Code 20005-1502	Transaction ID : 500085009	
Purpose of Expenditure Media Production		Category/ Type	004		
				/ /	
Name of Federal Candidate SHAH, AMISH, DR., ,			☒ Support ☐ Oppose	Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought			66949.50		
			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			66949.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			66949.50		
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 Jackson, Sue, , ,			Date 10 / 02 / 2024		