

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

NAME OF COMMITTEE (In Full) ZIONESS PAC			FEC IDENTIFICATION NUMBER ▼ C C00891259		
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 Convergence Targeted Communications			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 24 / 2024		
Mailing Address 1250 Connecticut Ave NW Suite 700			Amount 116756.00		
City Washington State DC Zip Code 20036		Transaction ID : SE.4113 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 25 / 2024			
Purpose of Expenditure Mailing Printing and Postage		Category/ Type		Name of Federal Candidate HARRIS, KAMALA, , ,	
		☒ Support ☐ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought 314807.92			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
Full Name of Payee SKDKnickerbocker LLC			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 25 / 2024		
Mailing Address 285 Fulton St 69th Floor			Amount 500000.00		
City New York State NY Zip Code 10007		Transaction ID : SE.4114 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 25 / 2024			
Purpose of Expenditure Digital Advertising		Category/ Type		Name of Federal Candidate HARRIS, KAMALA, , ,	
		☒ Support ☐ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought 814807.92			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			616756.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			616756.00		
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 Berman, Amanda, , ,			Date M M M / D D D / Y Y Y Y Y Y Y Y 10 / 25 / 2024		