

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	

Full Name of Payee Michigan United Action		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2024	
Mailing Address P.O. Box 32992		Amount 52695.70	
City Detroit	State MI	Zip Code 48232	Transaction ID : SE.4309
Purpose of Expenditure personnel		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 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		121146.74	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
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.....▶	52695.70
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	52695.70

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.

Barber, Frances, , ,

Signature

Date

MM / DD / YYYY
05 / 05 / 2025