

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

FUTURE COALITION PAC

ADDRESS (number and street)

PO BOX 341027

Check if different  
than previously  
reported. (ACC)

AUSTIN

TX

78734

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00882555

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Year-End Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

ZABORNEY, RAY, , ,

Signature of Treasurer

ZABORNEY, RAY, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**FUTURE COALITION PAC**

Report Covering the Period:

From:

MM / DD / YYYY  
07 / 01 / 2024

To:

MM / DD / YYYY  
09 / 30 / 2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2024		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	0.00	
(c) Total Receipts (from Line 19) .....	3000000.00	3000000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3000000.00	3000000.00
7. Total Disbursements (from Line 31) .....	1213735.29	1213735.29
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1786264.71	1786264.71
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

FUTURE COALITION PAC

Report Covering the Period:

From:

MM / DD / YYYY  
07 / 01 / 2024

To:

MM / DD / YYYY  
09 / 30 / 2024

## I. Receipts

COLUMN A  
Total This PeriodCOLUMN B  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

## (i) Itemized (use Schedule A).....

3000000.00

3000000.00

## (ii) Unitemized .....

0.00

0.00

## (iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

3000000.00

3000000.00

## (b) Political Party Committees .....

0.00

0.00

## (c) Other Political Committees

(such as PACs).....

0.00

0.00

## (d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

3000000.00

3000000.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

## (a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

## (b) Levin Funds (from Schedule H5) .....

0.00

0.00

## (c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) .....

3000000.00

3000000.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

3000000.00

3000000.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	268807.38	268807.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	268807.38	268807.38
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	944927.91	944927.91
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1213735.29	1213735.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1213735.29	1213735.29

DETAILED SUMMARY PAGE  
of Disbursements

FEC Form 3X (Rev. 05/2016)

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3000000.00	3000000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3000000.00	3000000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	268807.38	268807.38
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	268807.38	268807.38

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 12

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**FUTURE COALITION PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BUILDING AMERIC'AS FUTURE**Mailing Address 1825 EYE STREET NW  
STE 900City  
WASHINGTONState  
DCZip Code  
20006FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 16 / 2024

Transaction ID : SA11AI.4099

Amount of Each Receipt this Period

3000000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000000.00

3000000.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	26	<input type="checkbox"/>	27
<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

FUTURE COALITION PAC

FEC Schedule B (Form 3X) Rev. 05/2016

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**FUTURE COALITION PAC**

Full Name (Last, First, Middle Initial)

**A. HIGHTIDE MEDIA**Mailing Address 1001 CONNECTICUT AVE NW  
STE 206City  
WASHINGTONState  
DCZip Code  
20036

Purpose of Disbursement

MEDIA PRODUCTION

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	6			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB21B.4160**

Amount of Each Disbursement this Period

20679.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. IMGE LLC**Mailing Address 1401 H STREET NW  
STE 550City  
WASHINGTONState  
DCZip Code  
20005

Purpose of Disbursement

DIGITAL MEDIA

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	8			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB21B.4157**

Amount of Each Disbursement this Period

245530.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RIGHTSIDE COMPLIANCE LLC**

Mailing Address PO BOX 341027

City  
AUSTINState  
TXZip Code  
78734

Purpose of Disbursement

COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB21B.4166**

Amount of Each Disbursement this Period

1250.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

267459.35

**TOTAL** This Period (last page this line number only)..... ►





**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 10 OF 12  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FUTURE COALITION PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00882555</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on <div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div><div style="border: 1px solid black; padding: 2px;">D D</div> / <div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div></div></div></div>				
Full Name of Payee HIGHTIDE MEDIA <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div><div style="border: 1px solid black; padding: 2px;">D D</div> / <div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div></div></div><div style="text-align: center;">09 / 09 / 2024</div></div>	
Mailing Address    1001 CONNECTICUT AVE NW STE 206			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20169.00</div>	
City WASHINGTON	State DC	Zip Code 20036	<b>Transaction ID : SE.4107</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div><div style="border: 1px solid black; padding: 2px;">D D</div> / <div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div></div></div><div style="text-align: center;">09 / 10 / 2024</div></div>	
Purpose of Expenditure DIGITAL MEDIA PRODUCTION			Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: HARRIS, KAMALA, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">265699.37</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee HIGHTIDE MEDIA <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div><div style="border: 1px solid black; padding: 2px;">D D</div> / <div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div></div></div><div style="text-align: center;">09 / 23 / 2024</div></div>	
Mailing Address    1001 CONNECTICUT AVE NW STE 206			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20439.00</div>	
City WASHINGTON	State DC	Zip Code 20036	<b>Transaction ID : SE.4126</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div><div style="border: 1px solid black; padding: 2px;">D D</div> / <div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div></div></div><div style="text-align: center;">09 / 24 / 2024</div></div>	
Purpose of Expenditure DIGITAL MEDIA PRODUCTION			Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: HARRIS, KAMALA, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">944927.91</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; text-align: right;">40608.00</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; text-align: right;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; text-align: right;"></div></div></div>				
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.  <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">_____ ZABORNEY, RAY, , , Signature</div><div style="width: 20%; text-align: center;">Date</div><div style="width: 40%; text-align: right;"><div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div><div style="border: 1px solid black; padding: 2px;">D D</div> / <div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div></div><div style="text-align: center;">10 / 15 / 2024</div></div></div></div></div>				



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 12 OF 12  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FUTURE COALITION PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00882555</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>New report</b> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee IMGE LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 23 / 2024	
Mailing Address    1401 H STREET NW STE 550			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">263068.24</div>	
City WASHINGTON	State DC	Zip Code 20005	<b>Transaction ID : SE.4127</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 11 / 2024	
Purpose of Expenditure DIGITAL MEDIA			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: HARRIS, KAMALA, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">791835.85</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee IMGE LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 18 / 2024	
Mailing Address    1401 H STREET NW STE 550			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">132653.06</div>	
City WASHINGTON	State DC	Zip Code 20005	<b>Transaction ID : SE.4122</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 18 / 2024	
Purpose of Expenditure DIGITAL MEDIA			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: HARRIS, KAMALA, , ,			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">924488.91</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">395721.30</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">944927.91</div>	
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.				
_____ ZABORNEY, RAY, , , Signature			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 15 / 2024	