

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

NAME OF COMMITTEE (In Full) IMPACT 65		FEC IDENTIFICATION NUMBER ▼ C C00866418	
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY	

Full Name of Payee Voteshift			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 28 / 2024		
Mailing Address PO Box 2282			Amount 15000.00		
City Birmingham	State AL	Zip Code 35201	Transaction ID : WFT20241291157-1		
Purpose of Expenditure Poll Workers		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 29 / 2024		
Name of Federal Candidate Figures, Shomari, C, ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: AL		
Calendar Year-To-Date Per Election for Office Sought		15000.00	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..... ▶	15000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	15000.00

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.

Thoman, Shayne, , ,
Signature

Date MM / DD / YYYY
02 / 29 / 2024