

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Californians for Choice			FEC IDENTIFICATION NUMBER ▼ C C00875815		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Aisle 518 Strategies, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 05 / 2024		
Mailing Address 2045 W. Grand Avenue, Suite B			Amount 183275.00		
City Chicago	State IL	Zip Code 60612	Transaction ID : EDT.E.11		
Purpose of Expenditure Digital Ads		Category/ Type 24A	Date of Disbursement or Obligation MM / DD / YYYY 08 / 02 / 2024		
Name of Federal Candidate Trump, Donald, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		1890647.42	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee Bearstar Strategies, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 05 / 2024		
Mailing Address 114 Sansome Street, Suite 200			Amount 40007.67		
City San Francisco	State CA	Zip Code 94104	Transaction ID : EDT.E.12		
Purpose of Expenditure Ad Production Costs		Category/ Type 24A	Date of Disbursement or Obligation MM / DD / YYYY 08 / 05 / 2024		
Name of Federal Candidate Trump, Donald, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		1890647.42	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			223282.67		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
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 Deane, Shawnda, , ,			Date MM / DD / YYYY 08 / 06 / 2024		

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Full Name of Payee Polaris Strategies, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 05 / 2024	
Mailing Address 1802 Vernon Street NW, PMB #581		Amount 367380.00	
City Washington	State DC	Zip Code 20009	Transaction ID : EDT.E.10
Purpose of Expenditure Cable/Satellite Ads		Category/ Type 24A	Date of Disbursement or Obligation MM / DD / YYYY 08 / 01 / 2024
Name of Federal Candidate Trump, Donald, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ 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.....▶	367380.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	590662.67

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.

Deane, Shawnda, , ,

Signature

Date

MM / DD / YYYY
08 / 06 / 2024