

**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

Black Voters Matter Action PAC

ADDRESS (number and street)

3645 Marketplace Blvd

Ste 130

Check if different  
than previously  
reported. (ACC)

Atlanta

GA

30344-5940

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00753277

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

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

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

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

Franklin, Kamau, , ,

Signature of Treasurer

Franklin, Kamau, , ,

Date

M M M /

D D D /

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

**Black Voters Matter Action PAC**

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
10 17 2024

To:

M M / D D / Y Y Y Y  
11 25 2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2024		65196.59
(b) Cash on Hand at Beginning of Reporting Period.....	287031.51	
(c) Total Receipts (from Line 19) .....	1665698.97	4304031.76
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1952730.48	4369228.35
7. Total Disbursements (from Line 31) .....	1314305.61	3730803.48
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	638424.87	638424.87
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) .....	305904.69	



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

**Black Voters Matter Action PAC**

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
10 17 2024

To:

M M / D D / Y Y Y Y  
11 25 2024**I. Receipts****COLUMN A**  
Total This Period**COLUMN B**  
Calendar Year-to-Date

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

## (a) Individuals/Persons Other

Than Political Committees

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

1560125.00

3078181.25

## (ii) Unitemized .....

573.97

850.51

## (iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

1560698.97

3079031.76

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

0.00

0.00

## (c) Other Political Committees

(such as PACs).....

105000.00

1225000.00

## (d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry  
Totals to Line 33, page 5) .....

1665698.97

4304031.76

## 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)) .....

1665698.97

4304031.76

## 20. Total Federal Receipts

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

1665698.97

4304031.76

# **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 .....	- 22848.39	130381.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	- 22848.39	130381.34
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
24. Independent Expenditures (use Schedule E) .....	1332154.00	3595415.00
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	7.14
(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	7.14
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)) ..	1314305.61	3730803.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1314305.61	3730803.48

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

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) .....	1665698.97	4304031.76
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	7.14
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1665698.97	4304024.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	- 22848.39	130381.34
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	- 22848.39	130381.34

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 35  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

**Black Voters Matter Action PAC**

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

**A. America Votes**Mailing Address 1155 Connecticut Ave NW  
Ste 600City  
WashingtonState  
DCZip Code  
20036-4324FEC 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 ▼

250000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 04 / 2024

Transaction ID : A086B9935A3F24870B2E

Amount of Each Receipt this Period

250000.00

☐ Memo Item

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

**B. Billard, Sebastien, , ,**

Mailing Address 900 Woodland Brk

City

McDonough

State  
GAZip Code  
30253-5577FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Aristocrat, Inc.

Occupation (for Individual)

IT Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2024

Transaction ID : A9514AB6B26C845A9BCF

Amount of Each Receipt this Period

25.00

☐ Memo Item

Earmarked (Non-Directed) through ActBlue

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

**C. ActBlue**

Mailing Address PO Box 441146

City

West Somerville

State  
MAZip Code  
02144FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☐ Primary ☐ General  
☒ Other (specify)  
Annual

Aggregate Year-to-Date ▼

2881.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2024

Transaction ID : A36012116659F4C4A948

Amount of Each Receipt this Period

25.00

☒ Memo Item

Conduit Memo Total

Earmark Non-Directed

SUBTOTAL of Receipts This Page (optional)..... ▶

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

250025.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 35  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Black Voters Matter Action PAC**

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

**A. Black Voters Matter Fund**Mailing Address 3645 Marketplace Blvd  
Suite 130-209City  
AtlantaState  
GAZip Code  
30344-5940FEC 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 ▼

2100000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2024

Transaction ID : A68EF36ADB40B4BAF8FE

Amount of Each Receipt this Period

800000.00

☐ Memo Item

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

**B. Dean, Jeff, , ,**

Mailing Address 999 Matadero Avenue

City

Palo Alto

State  
CAZip Code  
94306-2608FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Google

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2024

Transaction ID : ACBC99DABD0ED440A871

Amount of Each Receipt this Period

200000.00

☐ Memo Item

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

**C. Dratler, Jay, , , Jr**

Mailing Address 127 Calle Galisteo

City

Santa Fe

State  
NMZip Code  
87508-1545FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2024

Transaction ID : A0F46B754A67A42F9A54

Amount of Each Receipt this Period

100.00

☐ Memo Item

Earmarked (Non-Directed) through ActBlue

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 35  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Black Voters Matter Action PAC**

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

**A. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☐ Primary ☐ General  
☒ Other (specify) ▼

Annual

Aggregate Year-to-Date ▼

2881.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2024

Transaction ID : AAD9E709771B24AFEB19

Amount of Each Receipt this Period

100.00

☒ Memo Item

Conduit Memo Total

Earmark Non-Directed

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

**B. Hopper, Heidi, , ,**

Mailing Address 999 Matadero Avenue

City  
Palo AltoState  
CAZip Code  
94306-2608FEC 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 ▼

200000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2024

Transaction ID : A0714D9DB56624617B00

Amount of Each Receipt this Period

200000.00

☐ Memo Item

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

**C. Rosenmiller, David, , ,**Mailing Address 132 Main St  
PO Box 531City  
HaydenvilleState  
MAZip Code  
01039-0531FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 18 / 2024

Transaction ID : A8D60C27C41564533AD2

Amount of Each Receipt this Period

10000.00

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

210000.00

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



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 35  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Black Voters Matter Action PAC**

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

**A. Soros, George, , ,**

Mailing Address 888 7th Ave

City  
New YorkState  
NYZip Code  
10106-0001FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Soros Fund ManagementOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 30 / 2024

Transaction ID : AF61ED75BA5B340EFB43

Amount of Each Receipt this Period

100000.00

☐ Memo Item

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)..... ►

100000.00

1560125.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 35  
(check only one)  

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)

**Black Voters Matter Action PAC**

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

**A. Movement Voter PAC**

Mailing Address PO Box 1719

City  
NorthamptonState  
MAZip Code  
01061-1719FEC ID number of contributing  
federal political committee.

C

C00728360

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

820000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2024

Transaction ID : A852561A81EB0494DB18

Amount of Each Receipt this Period

25000.00

☐ Memo Item

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

**B. Movement Voter PAC**

Mailing Address PO Box 1719

City  
NorthamptonState  
MAZip Code  
01061-1719FEC ID number of contributing  
federal political committee.

C

C00728360

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

900000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2024

Transaction ID : ABC58C2CF447245EAB99

Amount of Each Receipt this Period

80000.00

☐ 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)..... ►

105000.00

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

105000.00

**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 11 OF 35

<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

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NAME OF COMMITTEE (In Full)

**Black Voters Matter Action PAC**

Full Name (Last, First, Middle Initial)

**A. Albright, Jaliwa, , ,**

Mailing Address 5130 Lazy Acres Dr

City  
DouglasvilleState  
GAZip Code  
30135-5169

Purpose of Disbursement

Operations Consulting

Candidate Name

001

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	/	D	D	/	Y	Y	Y	Y
10			24			2024			

FEC Identification Number

**C** Transaction ID : B69AB954BE

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Albright, Jaliwa, , ,**

Mailing Address 5130 Lazy Acres Dr

City  
DouglasvilleState  
GAZip Code  
30135-5169

Purpose of Disbursement

Operations Consulting

Candidate Name

001

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	/	D	D	/	Y	Y	Y	Y
10			28			2024			

FEC Identification Number

**C** Transaction ID : B8FEF25D23

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Albright, Jaliwa, , ,**

Mailing Address 5130 Lazy Acres Dr

City  
DouglasvilleState  
GAZip Code  
30135-5169

Purpose of Disbursement

Operations Consulting

Candidate Name

001

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	/	D	D	/	Y	Y	Y	Y
11			07			2024			

FEC Identification Number

**C** Transaction ID : B16A223F5A

Amount of Each Disbursement this Period

500.00

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

1500.00

**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 12 OF 35

<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)

**Black Voters Matter Action PAC**

Full Name (Last, First, Middle Initial)

**A. Albright, Jaliwa, , ,**

Mailing Address 5130 Lazy Acres Dr

City  
DouglasvilleState  
GAZip Code  
30135-5169

Purpose of Disbursement

Operations Consulting

Candidate Name

001

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	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	4		2	0	2	4		

FEC Identification Number

C

**Transaction ID : B598B72F61**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Amalgamated Bank**

Mailing Address 1825 K Street NW

City  
WashingtonState  
DCZip Code  
20006-1202

Purpose of Disbursement

Bank Fees

Candidate Name

001

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

FEC Identification Number

C

**Transaction ID : BA4CF10923**

Amount of Each Disbursement this Period

122.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Nu Vision Media, Inc.**Mailing Address 1327 W Washington Blvd  
Ste 102BCity  
ChicagoState  
ILZip Code  
60607-2193

Purpose of Disbursement

Digital Advertising

Candidate Name

001

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	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		2	5		2	0	2	4		

FEC Identification Number

C

**Transaction ID : BADAF125F**

Amount of Each Disbursement this Period

- 25000.00

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

- 24377.30

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

- 22877.30

**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 13 OF 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

**Black Voters Matter Action PAC**

Full Name (Last, First, Middle Initial)

**A. Listen To US**

Mailing Address PO Box 2745

City  
DearbornState  
MIZip Code  
48123-2745

Purpose of Disbursement

Contribution

Candidate Name

Listen To US

Office Sought:

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

Disbursement For: 2024

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

Annual

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			05			2024					

FEC Identification Number

**C** C00870311**Transaction ID : B5CB74AED2**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

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	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

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	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

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

5000.00

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

5000.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 14 OF 35

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Black Voters Matter Action PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Impactive Solutions, Inc.**

Nature of Debt (Purpose):

Texting

Mailing Address 103 Kidder Ave

City  
SomervilleState  
MAZip Code  
02144-2139

Outstanding Balance Beginning This Period

0.00

Transaction ID : D171DA840309249A7A43

Amount Incurred This Period

16086.16

Payment This Period

0.00

Outstanding Balance at Close of This Period

16086.16

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Minuteman Press**

Nature of Debt (Purpose):

Literature (Estimate)

Mailing Address 932 E Hunting Park Ave

City  
PhiladelphiaState  
PAZip Code  
19124-4807

Outstanding Balance Beginning This Period

0.00

Transaction ID : DAB82FC641BF8499EA49

Amount Incurred This Period

5000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Targetsmart Communications, LLC**

Nature of Debt (Purpose):

Digital Advertising (Estimate)

Mailing Address 37 N Orange Ave  
Ste 531City  
OrlandoState  
FLZip Code  
32801-2449

Outstanding Balance Beginning This Period

0.00

Transaction ID : D75532FEEDD9340928C3

Amount Incurred This Period

284818.53

Payment This Period

0.00

Outstanding Balance at Close of This Period

284818.53

1) **SUBTOTALS** This Period This Page (optional)..... ►

305904.69

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

305904.69

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

305904.69

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 15 OF 35  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Black Voters Matter Action PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00753277</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>				
Full Name of Payee Mohammad, Hakeem, , , <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>	
Mailing Address 1200 Avalon Drive			Amount <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">660.00</div>	
City Waxhaw	State NC	Zip Code 28173-0410	<b>Transaction ID : E4CB7D5F1D121452F923</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>	
Purpose of Expenditure Canvassing		Category/ Type <div style="border: 1px solid black; padding: 2px; width: 40px;"></div>	<div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>	
Name of Federal Candidate: Harris, Kamala, , , <span style="float: right;"><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ZZ	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">3508617.53</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Baxter, Mary, , , <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>	
Mailing Address 1313 Enderly Road			Amount <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">640.00</div>	
City Charlotte	State NC	Zip Code 28208-3337	<b>Transaction ID : E77EAC6F9E86E4726BF9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>	
Purpose of Expenditure Canvassing		Category/ Type <div style="border: 1px solid black; padding: 2px; width: 40px;"></div>	<div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>	
Name of Federal Candidate: Harris, Kamala, , , <span style="float: right;"><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ZZ	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">3508617.53</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; width: 150px; text-align: right;">1300.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; width: 150px;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; width: 150px;"></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.				
Signature  Franklin, Kamau, , ,			Date <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 16 OF 35  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Black Voters Matter Action PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00753277</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>			<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 Redfern, Dupree, , , <span style="float: right;"><input type="checkbox"/> Memo Item</span>			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> 11 / 01 / 2024	
Mailing Address 7429 Hidden Creek Drive			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">640.00</div>	
City Charlotte	State NC	Zip Code 28214-8896	<b>Transaction ID : EB5BE798288404E1386B</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> 11 / 13 / 2024	
Purpose of Expenditure Canvassing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , , <span style="float: right;"><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</span>		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ZZ		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3508617.53</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Roberson, Christopher, , , <span style="float: right;"><input type="checkbox"/> Memo Item</span>			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> 11 / 01 / 2024	
Mailing Address 10449 Bunclody Drive			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">740.00</div>	
City Charlotte	State NC	Zip Code 28213-0216	<b>Transaction ID : E341E4EF082F7412A874</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> 11 / 13 / 2024	
Purpose of Expenditure Canvassing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , , <span style="float: right;"><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</span>		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ZZ		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3508617.53</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;">1380.00</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;"></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.				
Signature <u>Franklin, Kamau, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 04 / 24 / 2025	







**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 19 OF 35  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Black Voters Matter Action PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00753277</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="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Davis, Tina, , , <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> 11 / 01 / 2024	
Mailing Address 2715 Gibbon Road			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">740.00</div>	
City Charlotte	State NC	Zip Code 28269-3023	<b>Transaction ID : E8D69D3ED6C934AA5B73</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> 11 / 13 / 2024	
Purpose of Expenditure Canvassing		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 <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ZZ	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3508617.53</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Hemphill, Ymani, , , <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> 11 / 01 / 2024	
Mailing Address 799 Chalice St Apt A			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">640.00</div>	
City Concord	State NC	Zip Code 28027-6592	<b>Transaction ID : E7D4515247C4445F0961</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> 11 / 13 / 2024	
Purpose of Expenditure Canvassing		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 <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ZZ	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3508617.53</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;">1380.00</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;"></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.				
Signature <u>Franklin, Kamau, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 04 / 24 / 2025	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 21 OF 35  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Black Voters Matter Action PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00753277</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: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>				
Full Name of Payee Baker, Corey, , , <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">11</div><div style="border: 1px solid black; padding: 2px;">01</div><div style="border: 1px solid black; padding: 2px;">2024</div></div>	
Mailing Address 7885 Waterway Drive NW			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">320.00</div>	
City Concord	State NC	Zip Code 28027-4429	<b>Transaction ID : EF56DFFB3260F4C509C7</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">11</div><div style="border: 1px solid black; padding: 2px;">13</div><div style="border: 1px solid black; padding: 2px;">2024</div></div>	
Purpose of Expenditure Canvassing			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: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ZZ	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">3508617.53</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Adkins, Imeir, , , <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">11</div><div style="border: 1px solid black; padding: 2px;">01</div><div style="border: 1px solid black; padding: 2px;">2024</div></div>	
Mailing Address 112 Chasestone Court			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">560.00</div>	
City Salisbury	State NC	Zip Code 28146-8417	<b>Transaction ID : E771BD88FEF834559883</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">11</div><div style="border: 1px solid black; padding: 2px;">13</div><div style="border: 1px solid black; padding: 2px;">2024</div></div>	
Purpose of Expenditure Canvassing			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: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ZZ	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">3508617.53</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; text-align: right;">880.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; text-align: right;"></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.				
Signature <u>Franklin, Kamau, , ,</u>			Date <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">04</div><div style="border: 1px solid black; padding: 2px;">24</div><div style="border: 1px solid black; padding: 2px;">2025</div></div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 22 OF 35  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Black Voters Matter Action PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00753277</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="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Lewis, Akirra, , , <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> 11 / 01 / 2024	
Mailing Address 5110 Navy St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">640.00</div>	
City Charlotte	State NC	Zip Code 28262-7057	<b>Transaction ID : EFC8B4B0435CB4D5C8BE</b>	
Purpose of Expenditure Canvassing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	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> 11 / 13 / 2024	
Name of Federal Candidate: Harris, Kamala, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ZZ	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3508617.53</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Waddell, Zakia, , , <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> 11 / 01 / 2024	
Mailing Address 2525 Sherrill Street			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">500.00</div>	
City Charlotte	State NC	Zip Code 28208-6823	<b>Transaction ID : ED158CD80E69C4E819E8</b>	
Purpose of Expenditure Canvassing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	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> 11 / 20 / 2024	
Name of Federal Candidate: Harris, Kamala, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ZZ	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3508617.53</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;">1140.00</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;"></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.				
Signature <u>Franklin, Kamau, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 04 / 24 / 2025	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 23 OF 35  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Black Voters Matter Action PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00753277</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="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Adkins, Deidre, , , <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> 11 / 01 / 2024	
Mailing Address 112 Chasestone Court			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">660.00</div>	
City Salisbury	State NC	Zip Code 28146-8417	<b>Transaction ID : E172351B3B8254D99B7B</b>	
Purpose of Expenditure Canvassing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	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> 11 / 13 / 2024	
Name of Federal Candidate: Harris, Kamala, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ZZ	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3508617.53</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Jones, Charles, , , <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> 11 / 01 / 2024	
Mailing Address 1415 Old Tree Lane			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">660.00</div>	
City Charlotte	State NC	Zip Code 28216-2956	<b>Transaction ID : EE21189B6AA0A48E49A8</b>	
Purpose of Expenditure Canvassing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	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> 11 / 15 / 2024	
Name of Federal Candidate: Harris, Kamala, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ZZ	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3508617.53</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;">1320.00</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;"></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.				
Signature <u>Franklin, Kamau, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 04 / 24 / 2025	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 24 OF 35  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Black Voters Matter Action PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00753277</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report      Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Full Name of Payee Harrell, Ci'Mona, , , <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 11 / 01 / 2024	
Mailing Address 8613 Berrybrook Lane		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">460.00</div>	
City Charlotte	State NC	Zip Code 28269-1690	<b>Transaction ID : E99A0420072F1482EBD5</b>
Purpose of Expenditure Canvassing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 11 / 13 / 2024
Name of Federal Candidate: Harris, Kamala, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ZZ	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3508617.53</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Adkins, Dekerius, , , <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 11 / 01 / 2024	
Mailing Address 222 Shoally Park Court		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">560.00</div>	
City Boiling Springs	State SC	Zip Code 29316-5154	<b>Transaction ID : E91D26D831E364A20A0D</b>
Purpose of Expenditure Canvassing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 11 / 13 / 2024
Name of Federal Candidate: Harris, Kamala, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ZZ	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3508617.53</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;">1020.00</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;"> </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.			
Signature  Franklin, Kamau, , ,		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 04 / 24 / 2025	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 25 OF 35  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Black Voters Matter Action PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00753277</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report 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 Lewis, Akirra, , ,		<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> 11 / 05 / 2024	
Mailing Address 5110 Navy St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100.00</div> <b>Transaction ID : E9672DD6B6CE944389DE</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> 11 / 18 / 2024		
City Charlotte	State NC			
Purpose of Expenditure Field Canvassing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Name of Federal Candidate: Harris, Kamala, , , <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</div><div>Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ZZ</div></div>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3756219.69</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee ClashGraphics.com		<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> 11 / 04 / 2024	
Mailing Address 2233 Peachtree RD NE Suite 202		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4956.00</div> <b>Transaction ID : E790C2CB9A4094B3DAB4</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> 11 / 04 / 2024		
City Atlanta	State GA			
Purpose of Expenditure Literature		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Name of Federal Candidate: Harris, Kamala, , , <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</div><div>Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ZZ</div></div>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3756119.69</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;">5056.00</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;"></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.				
Signature <u>Franklin, Kamau, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 04 / 24 / 2025	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 26 OF 35  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Black Voters Matter Action PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00753277</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div><div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div><div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div></div>				
Full Name of Payee Creative Change <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div><div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div><div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div style="width: 15%;">10</div><div style="width: 15%;">24</div><div style="width: 70%;">2024</div></div>	
Mailing Address 100 W 94th Street 8G			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">168000.00</div>	
City New York	State NY	Zip Code 10025-7078	<b>Transaction ID : ED26A18F160C14C7096D</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div><div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div><div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div style="width: 15%;">10</div><div style="width: 15%;">24</div><div style="width: 70%;">2024</div></div>	
Purpose of Expenditure Digital Advertising			Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: ZZ	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">2346215.31</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Creative Change <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div><div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div><div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div style="width: 15%;">10</div><div style="width: 15%;">24</div><div style="width: 70%;">2024</div></div>	
Mailing Address 100 W 94th Street 8G			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">300.00</div>	
City New York	State NY	Zip Code 10025-7078	<b>Transaction ID : E018D95AE5DBE48A49C1</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div><div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div><div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div style="width: 15%;">10</div><div style="width: 15%;">24</div><div style="width: 70%;">2024</div></div>	
Purpose of Expenditure Digital Ad Production			Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: ZZ	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">2346215.31</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; width: 100%; text-align: right;">168300.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"></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.				
Signature  Franklin, Kamau, , ,			Date <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div><div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div><div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div style="width: 15%;">04</div><div style="width: 15%;">24</div><div style="width: 70%;">2025</div></div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 27 OF 35  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Black Voters Matter Action PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00753277</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="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Creative Change <span style="float: right;"><input type="checkbox"/> Memo Item</span>			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> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 25 / 2024</div>	
Mailing Address 100 W 94th Street 8G			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">280000.00</div>	
City New York	State NY	Zip Code 10025-7078	<b>Transaction ID : EA0BAAC1B364543A9A63</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> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 25 / 2025</div>	
Purpose of Expenditure Digital Advertising			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 <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: ZZ	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3166154.59</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Durham Committee Action PAC <span style="float: right;"><input type="checkbox"/> Memo Item</span>			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> <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 01 / 2024</div>	
Mailing Address PO Box 1843			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">27500.00</div>	
City Durham	State NC	Zip Code 27702-1843	<b>Transaction ID : E82F121ABAC4246FDB47</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> <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 05 / 2024</div>	
Purpose of Expenditure Canvassing			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 <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: ZZ	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3508617.53</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;">307500.00</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;"></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.				
Signature <u>Franklin, Kamau, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">04 / 24 / 2025</div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 28 OF 35  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Black Voters Matter Action PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00753277</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report      Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Full Name of Payee Fight For Democracy <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Mailing Address 1401 Cleburne St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25000.00</div>	
City Houston	State TX	Zip Code 77004-4033	<b>Transaction ID : E3DA55C7A489745EA995</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Purpose of Expenditure Phone Banking		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Name of Federal Candidate: Harris, Kamala, , , <span style="float: right;"><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</span>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2168161.00</div>		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ZZ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Fight For Democracy <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Mailing Address 1401 Cleburne St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25000.00</div>	
City Houston	State TX	Zip Code 77004-4033	<b>Transaction ID : EDFCFC2DEE73648F9AE</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Purpose of Expenditure Phone Banking		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Name of Federal Candidate: Allred, Colin, , , <span style="float: right;"><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</span>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">25000.00</div>		Office Sought: <input type="checkbox"/> House District: TX <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: TX Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">50000.00</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;"></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.				
Signature <u>Franklin, Kamau, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 29 OF 35  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Black Voters Matter Action PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00753277</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    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 Impactive Solutions, Inc. <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> 10 / 23 / 2024	
Mailing Address    103 Kidder Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">143.46</div>	
City Somerville	State MA	Zip Code 02144-2139	<b>Transaction ID : E0D0A9DD948A24292937</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> 11 / 04 / 2024	
Purpose of Expenditure Texting			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 <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: ZZ	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">2168304.46</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Impactive Solutions, Inc. <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> 11 / 01 / 2024	
Mailing Address    103 Kidder Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12434.41</div>	
City Somerville	State MA	Zip Code 02144-2139	<b>Transaction ID : E79F625AE47FF45A89ED</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> 11 / 04 / 2024	
Purpose of Expenditure Texting			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 <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: ZZ	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">3508617.53</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;">12577.87</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;"></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.				
_____ Franklin, Kamau, , , Signature			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 04 / 24 / 2025	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 30 OF 35  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Black Voters Matter Action PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00753277</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="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Impactive Solutions, Inc. <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span>			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> <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 02 / 2024</div>	
Mailing Address 103 Kidder Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">16086.16</div>	
City Somerville	State MA	Zip Code 02144-2139	<b>Transaction ID : EA80FCD063DD04E41994</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>	
Purpose of Expenditure Texting		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , , <span style="float: right;"><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ZZ	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3524703.69</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Minuteman Press <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span>			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> <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 01 / 2024</div>	
Mailing Address 932 E Hunting Park Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5000.00</div>	
City Philadelphia	State PA	Zip Code 19124-4807	<b>Transaction ID : ED79D2BEE3643494B9F1</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>	
Purpose of Expenditure Literature (Estimate)		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , , <span style="float: right;"><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ZZ	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3508617.53</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;">0.00</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;"></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.				
Signature <u>Franklin, Kamau, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">04 / 24 / 2025</div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 31 OF 35  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Black Voters Matter Action PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00753277</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    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 Moore Strategic Solutions <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> 11 / 04 / 2024	
Mailing Address    1126 Reutlinger Ave Apt 332			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">115000.00</div>	
City Louisville	State KY	Zip Code 40204-1975	<b>Transaction ID : E889EEEF24BD243B2ACC</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> 11 / 04 / 2024	
Purpose of Expenditure Canvassing		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 <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: ZZ	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">3756119.69</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Nu Vision Media, Inc. <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> 10 / 25 / 2024	
Mailing Address    1327 W Washington Blvd Ste 102B			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25000.00</div>	
City Chicago	State IL	Zip Code 60607-2193	<b>Transaction ID : EA1165594EA66492FBD3</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> 10 / 11 / 2024	
Purpose of Expenditure Digital Advertising		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 <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: ZZ	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">3166154.59</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;">140000.00</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;"></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.				
Signature  Franklin, Kamau, , ,			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 04 / 24 / 2025	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 32 OF 35  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Black Voters Matter Action PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00753277</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report      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 Plateau Event Productions, Inc. <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> 10 / 25 / 2024	
Mailing Address 543 Grassmeade Way		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">62880.00</div>	
City Snellville	State GA	Zip Code 30078-7788	<b>Transaction ID : EBE60587FF396421995F</b>
Purpose of Expenditure Automobile Advertising		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	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> 10 / 25 / 2024
Name of Federal Candidate: Harris, Kamala, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ZZ
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Plateau Event Productions, Inc. <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> 11 / 04 / 2024	
Mailing Address 543 Grassmeade Way		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">32460.00</div>	
City Snellville	State GA	Zip Code 30078-7788	<b>Transaction ID : EC6F084A46B37482EAEA</b>
Purpose of Expenditure Automobile Advertising		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	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> 11 / 04 / 2024
Name of Federal Candidate: Harris, Kamala, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ZZ
Calendar Year-To-Date Per Election for Office Sought		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;">95340.00</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;"></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.			
Signature  Franklin, Kamau, , ,		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 04 / 24 / 2025	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 33 OF 35  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Black Voters Matter Action PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"><span style="font-size: 1.5em; margin-right: 5px;">C</span>C00753277</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 style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div></div>			
Full Name of Payee Rush Order Tees <div style="text-align: right;"><input type="checkbox"/> Memo Item</div>		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 style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">10</div></div> / <div><div style="border: 1px solid black; padding: 2px;">24</div></div> / <div><div style="border: 1px solid black; padding: 2px;">2024</div></div></div></div>	
Mailing Address    2727 Commerce Way		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">9210.85</div> <b>Transaction ID : E25A1812B1B964D6FB51</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 style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">10</div></div> / <div><div style="border: 1px solid black; padding: 2px;">24</div></div> / <div><div style="border: 1px solid black; padding: 2px;">2024</div></div></div></div>	
<div style="flex: 1;">City Philadelphia</div> <div style="flex: 1;">State PA</div> <div style="flex: 1;">Zip Code 19154-1011</div>			
Purpose of Expenditure Printing and Apparel		Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Harris, Kamala, , , <div style="text-align: right;"><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</div>		Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: ZZ	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2346215.31</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Solidarity Analytics and Media LLC <div style="text-align: right;"><input type="checkbox"/> Memo Item</div>		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 style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">11</div></div> / <div><div style="border: 1px solid black; padding: 2px;">04</div></div> / <div><div style="border: 1px solid black; padding: 2px;">2024</div></div></div></div>	
Mailing Address    650 S Central Ave #82695		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">79000.00</div> <b>Transaction ID : EC27D231696174804972</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 style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">11</div></div> / <div><div style="border: 1px solid black; padding: 2px;">04</div></div> / <div><div style="border: 1px solid black; padding: 2px;">2024</div></div></div></div>	
<div style="flex: 1;">City Atlanta</div> <div style="flex: 1;">State GA</div> <div style="flex: 1;">Zip Code 30354-2188</div>			
Purpose of Expenditure Canvassing		Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Harris, Kamala, , , <div style="text-align: right;"><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</div>		Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: ZZ	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">3756119.69</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) SUBTOTAL of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; text-align: right;">88210.85</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL 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) TOTAL 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%;">_____ Signature <i>Franklin, Kamau, , ,</i></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 style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">04</div></div> / <div><div style="border: 1px solid black; padding: 2px;">24</div></div> / <div><div style="border: 1px solid black; padding: 2px;">2025</div></div></div></div></div></div>			

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 34 OF 35  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Black Voters Matter Action PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00753277</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    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 Targetsmart Communications, 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> 10 / 25 / 2024	
Mailing Address    37 N Orange Ave Ste 531			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">452059.28</div>	
City Orlando	State FL	Zip Code 32801-2449	<b>Transaction ID : E58B9B763A8D041B8939</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> 10 / 28 / 2024	
Purpose of Expenditure Digital Advertising			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 <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: ZZ	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3166154.59</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Targetsmart Communications, LLC <input checked="" 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> 10 / 31 / 2024	
Mailing Address    37 N Orange Ave Ste 531			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">284818.53</div>	
City Orlando	State FL	Zip Code 32801-2449	<b>Transaction ID : EFC5B3AEC40C94CB48D</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>	
Purpose of Expenditure Digital Advertising (Estimate)			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 <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: ZZ	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3450973.12</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; display: inline-block;">452059.28</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; display: inline-block;"></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; display: inline-block;"></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%;">_____ Signature <i>Franklin, Kamau, , ,</i></div><div style="width: 20%; text-align: center;">Date</div><div style="width: 40%; text-align: center;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 04 / 24 / 2025</div></div>				

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 35 OF 35  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Black Voters Matter Action PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00753277</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report      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 Vince The Voice 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> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 24 / 2024</div>	
Mailing Address 1251 Grayson Pkwy		City Grayson	State GA	Zip Code 30017-1416
Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">400.00</div>				
Purpose of Expenditure Radio Ad Production		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Transaction ID : EC84AC7F88F734FFE9AE 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> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 24 / 2024</div>	
Name of Federal Candidate: Harris, Kamala, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ZZ	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">2346215.31</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee		<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>	
Mailing Address		City	State	Zip Code
Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>				
Purpose of Expenditure		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	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>	
Name of Federal Candidate:		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input 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;"></div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">400.00</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;">1332154.00</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.				
Signature  Franklin, Kamau, , ,			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">04 / 24 / 2025</div>	