

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

NAME OF COMMITTEE (In Full) Healthcare for Action PAC		FEC IDENTIFICATION NUMBER ▼ C C00822536	
Check if ☒ 24-hour report ☐ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee Feargal O'Toole		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2024	
Non-contribution account		Amount 2000.00	
Mailing Address 65 Myrtle St		Transaction ID : 500418300	
City State Zip Code Somerville MA 02145-4324		Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2024	
Purpose of Expenditure Advertising - digital		Category/Type	
Name of Federal Candidate HARRIS, KAMALA, , ,		☒ Support ☐ Oppose	
Office Sought: ☒ President ☐ Senate		District: 00 State: US	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	
386769.00			

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City State Zip Code		Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		☐ Support ☐ Oppose	
Office Sought: ☐ President ☐ Senate		District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	2000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martello, Benjamin, , ,

Signature

Date

MM / DD / YYYY
11 / 01 / 2024