

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

NAME OF COMMITTEE (In Full) NEA Advocacy Fund			FEC IDENTIFICATION NUMBER ▼ C C00489815		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mittera			Date of Public Distribution/Dissemination 11 / 02 / 2024		
Mailing Address 5085 NE 17th Street			Amount 691.56		
City Des Moines	State IA	Zip Code 50313	Transaction ID : B891531		
Purpose of Expenditure Printing/Shipping		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y		
Name of Federal Candidate Alsobrooks, Angela, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: <u>MD</u>		
Calendar Year-To-Date Per Election for Office Sought		8065.81	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee Mittera			Date of Public Distribution/Dissemination 11 / 02 / 2024		
Mailing Address 5085 NE 17th Street			Amount 691.56		
City Des Moines	State IA	Zip Code 50313	Transaction ID : B891532		
Purpose of Expenditure Printing/Shipping		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y		
Name of Federal Candidate Delaney, April, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: <u>06</u> ☐ President ☐ Senate State: <u>MD</u>		
Calendar Year-To-Date Per Election for Office Sought		3910.33	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1383.12		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Clutter, Jennifer, I, ,			Date 11 / 03 / 2024		

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NAME OF COMMITTEE (In Full) NEA Advocacy Fund			FEC IDENTIFICATION NUMBER ▼ C C00489815		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mittera			Date of Public Distribution/Dissemination 11 / 02 / 2024		
Mailing Address 5085 NE 17th Street			Amount 691.56		
City Des Moines		State IA	Zip Code 50313		Transaction ID : B891530
Purpose of Expenditure Printing/Shipping		Category/ Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Harris, Kamala, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: MD
Calendar Year-To-Date Per Election for Office Sought			66170.74 Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____		
Full Name of Payee			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y		
Mailing Address			Amount 		
City		State	Zip Code		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure		Category/ Type			
Name of Federal Candidate			☐ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			 Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			691.56		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			2074.68		
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 Clutter, Jennifer, I, ,			Date 11 / 03 / 2024		