

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

NAME OF COMMITTEE (In Full) POINT OF FRICTION			FEC IDENTIFICATION NUMBER ▼ C C00886846		
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 M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee i77 Strategies, LLC.			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 07 / 2024 M M M / D D D / Y Y Y Y Y Y		
Mailing Address 3959 Electric Rd. Suite 357			Amount 5438.33		
City State Zip Code Roanoke VA 24018		Transaction ID : SE.4123 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 07 / 2024 M M M / D D D / Y Y Y Y Y Y			
Purpose of Expenditure Texting		Category/ Type 004			
Name of Federal Candidate HARRIS, KAMALA, , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: VA
Calendar Year-To-Date Per Election for Office Sought			5438.33 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 M M M / D D D / Y Y Y Y Y Y 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 M M M / D D D / Y Y Y Y Y Y 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..... ▶			5438.33		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			5438.33		
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 Hoeflich-Nickels, Jeffrey, , , Date M M M / D D D / Y Y Y Y Y Y 10 / 07 / 2024 M M M / D D D / Y Y Y Y Y Y					