

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 36
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Sunrise PAC			FEC IDENTIFICATION NUMBER ▼ C C00674697		
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 Affordable Party and Event Rentals			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 22 / 2024 M M M / D D D / Y Y Y Y Y Y		
Mailing Address 510 S 52nd St Ste 105			Amount 22.75		
City State Zip Code Tempe AZ 85281-7225		Transaction ID : 500003150 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 23 / 2024 M M M / D D D / Y Y Y Y Y Y			
Purpose of Expenditure Rental Equipment for Event		Category/ Type 007			
Name of Federal Candidate Trump, Donald, J., ,			☐ Support ☒ Oppose Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee AirBnb			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 22 / 2024 M M M / D D D / Y Y Y Y Y Y		
Mailing Address 888 Brannan St			Amount 2839.37		
City State Zip Code San Francisco CA 94103-4928		Transaction ID : 500003151 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 17 / 2024 M M M / D D D / Y Y Y Y Y Y			
Purpose of Expenditure Lodging		Category/ Type 002			
Name of Federal Candidate Trump, Donald, J., ,			☐ Support ☒ Oppose Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			2862.12		
(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 <u>Tuta, Nicholas, , ,</u> Date M M M / D D D / Y Y Y Y Y Y 09 / 24 / 2024 M M M / D D D / Y Y Y Y Y Y					

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Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee AirBnb		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024
Mailing Address 888 Brannan St		Amount 566.87
City San Francisco	State CA	Zip Code 94103-4928
Purpose of Expenditure Lodging	Category/ Type 002	Transaction ID : 500003152 Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2024
Name of Federal Candidate Trump, Donald, J., ,		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee Amazon		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024
Mailing Address 410 Terry Ave N		Amount 168.14
City Seattle	State WA	Zip Code 98109-5210
Purpose of Expenditure Event Supplies	Category/ Type 007	Transaction ID : 500003155 Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2024
Name of Federal Candidate Trump, Donald, J., ,		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	735.01
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Tuta, Nicholas, , ,

Signature

Date

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Full Name of Payee Amazon		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024	
Mailing Address 410 Terry Ave N		Amount 125.44	
City Seattle	State WA	Zip Code 98109-5210	Transaction ID : 500003156
Purpose of Expenditure Event Supplies		Category/ Type 007	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2024
Name of Federal Candidate Trump, Donald, J., ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		172113.18	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

Full Name of Payee Amazon		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024	
Mailing Address 410 Terry Ave N		Amount 24.89	
City Seattle	State WA	Zip Code 98109-5210	Transaction ID : 500003157
Purpose of Expenditure Event Supplies		Category/ Type 007	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2024
Name of Federal Candidate Trump, Donald, J., ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		172113.18	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	150.33
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Check if ☐ 24-hour report ☒ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee American Airlines		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024	
Mailing Address PO Box 619616		Amount 100.48	
City Dallas	State TX	Zip Code 75261-9616	Transaction ID : 500003158
Purpose of Expenditure Travel	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2024	
Name of Federal Candidate Trump, Donald, J., ,		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

Full Name of Payee American Airlines		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024	
Mailing Address PO Box 619616		Amount 300.95	
City Dallas	State TX	Zip Code 75261-9616	Transaction ID : 500003159
Purpose of Expenditure Travel	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2024	
Name of Federal Candidate Trump, Donald, J., ,		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	401.43
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Full Name of Payee American Airlines		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024	
Mailing Address PO Box 619616		Amount 398.95	
City Dallas	State TX	Zip Code 75261-9616	Transaction ID : 500003162
Purpose of Expenditure Travel	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2024	
Name of Federal Candidate Trump, Donald, J., ,		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

Full Name of Payee American Airlines		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024	
Mailing Address PO Box 619616		Amount 30.27	
City Dallas	State TX	Zip Code 75261-9616	Transaction ID : 500003160
Purpose of Expenditure Travel	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2024	
Name of Federal Candidate Trump, Donald, J., ,		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	429.22
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Full Name of Payee American Airlines		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024
Mailing Address PO Box 619616		Amount 447.96
City Dallas	State TX	Zip Code 75261-9616
Purpose of Expenditure Travel	Category/ Type 002	Transaction ID : 500003161 Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2024
Name of Federal Candidate Trump, Donald, J., , ☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 172113.18		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

Full Name of Payee American Airlines		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024
Mailing Address PO Box 619616		Amount 253.48
City Dallas	State TX	Zip Code 75261-9616
Purpose of Expenditure Travel	Category/ Type 002	Transaction ID : 500003163 Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2024
Name of Federal Candidate Trump, Donald, J., , ☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 172113.18		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	701.44
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Full Name of Payee American Airlines		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024
Mailing Address PO Box 619616		Amount 533.96
City Dallas	State TX	Zip Code 75261-9616
Purpose of Expenditure Travel, Reimbursement Item for Laela Zaidi	Category/ Type 002	Transaction ID : 500003191 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Trump, Donald, J., ,	☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 172113.18		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee American Airlines		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024
Mailing Address PO Box 619616		Amount 380.95
City Dallas	State TX	Zip Code 75261-9616
Purpose of Expenditure Travel, Reimbursement Item for Neha Ramesh	Category/ Type 002	Transaction ID : 500003194 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Trump, Donald, J., ,	☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 172113.18		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	914.91
(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.

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NAME OF COMMITTEE (In Full) Sunrise PAC			FEC IDENTIFICATION NUMBER ▼ C C00674697		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on / /					
Full Name of Payee Biltmore Pro Print			Date of Public Distribution/Dissemination / / 09 / 22 / 2024		
Mailing Address 3108 E Camelback Rd			Amount 156.60		
City Phoenix		State AZ	Zip Code 85016-4502		Transaction ID : 500003164
Purpose of Expenditure Printing		Category/ Type 004		Date of Disbursement or Obligation / / 09 / 20 / 2024	
Name of Federal Candidate Trump, Donald, J., ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			172113.18		
Disbursement For: 2024			☐ Primary ☒ General ☐ Other (specify) ▶ _____		
Full Name of Payee Campos, Tania, , ,			Date of Public Distribution/Dissemination / / 09 / 22 / 2024		
Mailing Address 2030 Dwight Way Apt 103			Amount 96.88		
City Berkeley		State CA	Zip Code 94704-2627		Transaction ID : 500003206
Purpose of Expenditure Reimbursement - Travel		Category/ Type 002		Date of Disbursement or Obligation / /	
Name of Federal Candidate Trump, Donald, J., ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			172113.18		
Disbursement For: 2024			☐ Primary ☒ General ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			253.48		
(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 Tuta, Nicholas, , ,			Date / / 09 / 24 / 2024		

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Full Name of Payee Chevron		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024	
Mailing Address		Amount 71.93	
City State Zip Code		Transaction ID : 500003165	
Purpose of Expenditure Travel		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2024
Name of Federal Candidate Trump, Donald, J., ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

Full Name of Payee Chipotle		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024	
Mailing Address 610 Newport Center Dr		Amount 11.89	
City State Zip Code Newport Beach CA 92660-6419		Transaction ID : 500003166	
Purpose of Expenditure Food/Beverage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2024
Name of Federal Candidate Trump, Donald, J., ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	83.82
(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.

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Full Name of Payee Crandall, Adah, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024
Mailing Address 4853 NE 6Th 4853 Northeast Ave		Amount 389.98
City Portland	State OR	Zip Code 97211
Purpose of Expenditure Reimbursement - Travel	Category/ Type 002	Transaction ID : 500003142 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Trump, Donald, J., ,		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee cvs		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024
Mailing Address 1 Cvs Dr		Amount 43.94
City Woonsocket	State RI	Zip Code 02895-6146
Purpose of Expenditure Event Supplies	Category/ Type 007	Transaction ID : 500003167 Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2024
Name of Federal Candidate Trump, Donald, J., ,		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	433.92
(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.

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Full Name of Payee Delta Airlines		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024
Mailing Address 1030 Delta Blvd		Amount 416.95
City Atlanta	State GA	Zip Code 30354-1989
Purpose of Expenditure Travel, Reimbursement Itemization for Amalia Hochman	Category/ Type 002	Transaction ID : 500003154 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Trump, Donald, J., ,	☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 172113.18		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee Dies, Finn, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024
Mailing Address 2601 Warring St		Amount 251.48
City Berkeley	State CA	Zip Code 94720-2289
Purpose of Expenditure Reimbursement - Travel	Category/ Type 002	Transaction ID : 500003172 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Trump, Donald, J., ,	☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 172113.18		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	668.43
(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.

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Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Doordash		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024
Mailing Address 5825 Glenridge Dr Bldg 295		Amount 47.92
City Atlanta	State GA	Zip Code 30328-5387
Purpose of Expenditure Food/Beverage	Category/ Type 002	Transaction ID : 500003168 Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2024
Name of Federal Candidate Trump, Donald, J., , ☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 172113.18		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

Full Name of Payee Doordash		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024
Mailing Address 5825 Glenridge Dr Bldg 295		Amount 159.62
City Atlanta	State GA	Zip Code 30328-5387
Purpose of Expenditure Food/Beverage	Category/ Type 002	Transaction ID : 500003169 Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2024
Name of Federal Candidate Trump, Donald, J., , ☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 172113.18		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	207.54
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) Sunrise PAC			FEC IDENTIFICATION NUMBER ▼ C C00674697		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y					
Full Name of Payee Expedia			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 22 / 2024 M M / D D / Y Y Y Y Y Y		
Mailing Address 1111 Expedia Group Way W			Amount 336.46		
City State Zip Code Seattle WA 98119-1111		Transaction ID : 500003203 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y			
Purpose of Expenditure Travel, Reimbursement Item for Summer Hamzeh		Category/ Type 002			
Name of Federal Candidate Trump, Donald, J., ,		☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		172113.18		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____	
Full Name of Payee ezCater			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 22 / 2024 M M / D D / Y Y Y Y Y Y		
Mailing Address 40 Water St FI 5			Amount 427.25		
City State Zip Code Boston MA 02109-3604		Transaction ID : 500003170 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 20 / 2024 M M / D D / Y Y Y Y Y Y			
Purpose of Expenditure Catering		Category/ Type 007			
Name of Federal Candidate Trump, Donald, J., ,		☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		172113.18		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			763.71		
(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 <u>Tuta, Nicholas, , ,</u> Date M M / D D / Y Y Y Y Y Y 09 / 24 / 2024 M M / D D / Y Y Y Y Y Y					

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Full Name of Payee ezCater		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024
Mailing Address 40 Water St FI 5		Amount 263.85
City Boston	State MA	Zip Code 02109-3604
Purpose of Expenditure Catering	Category/ Type 007	Transaction ID : 500003171 Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2024
Name of Federal Candidate Trump, Donald, J., , ☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 172113.18		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

Full Name of Payee Frontier Airlines		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024
Mailing Address 4545 Airport Way		Amount 232.98
City Denver	State CO	Zip Code 80239-5716
Purpose of Expenditure Travel	Category/ Type 002	Transaction ID : 500003177 Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2024
Name of Federal Candidate Trump, Donald, J., , ☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 172113.18		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	496.83
(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.

Tuta, Nicholas, , ,

Signature

Date

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Check if ☐ 24-hour report ☒ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee Frontier Airlines		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024	
Mailing Address 4545 Airport Way		Amount 123.98	
City Denver	State CO	Zip Code 80239-5716	Transaction ID : 500003178
Purpose of Expenditure Travel		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2024
Name of Federal Candidate Trump, Donald, J., ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		172113.18	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

Full Name of Payee Frontier Airlines		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024	
Mailing Address 4545 Airport Way		Amount 251.96	
City Denver	State CO	Zip Code 80239-5716	Transaction ID : 500003179
Purpose of Expenditure Travel		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2024
Name of Federal Candidate Trump, Donald, J., ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		172113.18	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	375.94
(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.

Tuta, Nicholas, , ,

Signature

Date

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NAME OF COMMITTEE (In Full) Sunrise PAC		FEC IDENTIFICATION NUMBER ▼ C C00674697
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Full Name of Payee Frontier Airlines		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024
Mailing Address 4545 Airport Way		Amount 387.96
City Denver	State CO	Zip Code 80239-5716
Purpose of Expenditure Travel	Category/ Type 002	Transaction ID : 500003180 Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2024
Name of Federal Candidate Trump, Donald, J., ,		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee Frontier Airlines		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024
Mailing Address 4545 Airport Way		Amount 39.00
City Denver	State CO	Zip Code 80239-5716
Purpose of Expenditure Travel	Category/ Type 002	Transaction ID : 500003181 Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2024
Name of Federal Candidate Trump, Donald, J., ,		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	426.96
(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.

Tuta, Nicholas, , ,

Signature

Date

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Full Name of Payee Frontier Airlines		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024
Mailing Address 4545 Airport Way		Amount 92.96
City Denver	State CO	Zip Code 80239-5716
Purpose of Expenditure Travel, Reimbursement Item for Izzy Harrison	Category/ Type 002	Transaction ID : 500003184 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Trump, Donald, J., ,	☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 172113.18		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee Habit Burger & Grill		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024
Mailing Address 745 E Glendale Ave		Amount 26.04
City Phoenix	State AZ	Zip Code 85020-5329
Purpose of Expenditure Meals	Category/ Type 002	Transaction ID : 500003182 Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2024
Name of Federal Candidate Trump, Donald, J., ,	☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 172113.18		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	119.00
(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.

Tuta, Nicholas, , ,

Signature

Date

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Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Hamzeh, Summer, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024
Mailing Address 2506 College Ave		Amount 336.46
City Berkeley	State CA	Zip Code 94704-3033
Purpose of Expenditure Reimbursement - Travel	Category/ Type 002	Transaction ID : 500003202 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Trump, Donald, J., ,		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee Harrison, Izzy, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024
Mailing Address 504 National St		Amount 92.96
City Santa Cruz	State CA	Zip Code 95060-6039
Purpose of Expenditure Travel	Category/ Type 002	Transaction ID : 500003183 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Trump, Donald, J., ,		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	429.42
(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.

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Signature

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NAME OF COMMITTEE (In Full) Sunrise PAC		FEC IDENTIFICATION NUMBER ▼ C C00674697
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Full Name of Payee Hochman, Amalia, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024
Mailing Address 112 Belmont St		Amount 416.95
City Somerville	State MA	Zip Code 02143-1509
Purpose of Expenditure Reimbursement - Travel	Category/ Type 002	Transaction ID : 500003153 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Trump, Donald, J., ,		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee Home Depot		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024
Mailing Address 2455 Paces Ferry Rd SE		Amount 267.18
City Atlanta	State GA	Zip Code 30339-6444
Purpose of Expenditure Event Supplies	Category/ Type 007	Transaction ID : 500003208 Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2024
Name of Federal Candidate Trump, Donald, J., ,		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	684.13
(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.

Tuta, Nicholas, , ,

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Check if ☐ 24-hour report ☒ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee JetBlue Airways		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024	
Mailing Address 2701 Queens Plz N		Amount 407.61	
City Long Island City	State NY	Zip Code 11101-4020	Transaction ID : 500003185
Purpose of Expenditure Travel	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2024	
Name of Federal Candidate Trump, Donald, J., ,		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

Full Name of Payee JetBlue Airways		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024	
Mailing Address 2701 Queens Plz N		Amount 386.61	
City Long Island City	State NY	Zip Code 11101-4020	Transaction ID : 500003186
Purpose of Expenditure Travel	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2024	
Name of Federal Candidate Trump, Donald, J., ,		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	794.22
(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.

Tuta, Nicholas, , ,
Signature

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NAME OF COMMITTEE (In Full) Sunrise PAC		FEC IDENTIFICATION NUMBER ▼ C C00674697
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee JOANN Fabrics and Crafts		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024
Mailing Address 825 N Dobson Rd		Amount 30.57
City Mesa	State AZ	Zip Code 85201-7585
Purpose of Expenditure Event Supplies	Category/ Type 007	Transaction ID : 500003187 Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2024
Name of Federal Candidate Trump, Donald, J., , ☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 172113.18		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

Full Name of Payee JOANN Fabrics and Crafts		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024
Mailing Address 825 N Dobson Rd		Amount 101.69
City Mesa	State AZ	Zip Code 85201-7585
Purpose of Expenditure Event Supplies	Category/ Type 007	Transaction ID : 500003188 Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2024
Name of Federal Candidate Trump, Donald, J., , ☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 172113.18		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	132.26
(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.

Tuta, Nicholas, , ,

Signature

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Full Name of Payee Mart, Joy, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024
Mailing Address 5500 NE 63rd St		Amount 16.91
City Kansas City	State MO	Zip Code 64119-1630
Purpose of Expenditure Reimbursement	Category/ Type 004	Transaction ID : 500003189 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Trump, Donald, J., ,		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee PeerSpace Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024
Mailing Address 114 Sansome St Ste 1100		Amount 471.23
City San Francisco	State CA	Zip Code 94104-3822
Purpose of Expenditure Space Rental	Category/ Type 004	Transaction ID : 500003195 Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2024
Name of Federal Candidate Trump, Donald, J., ,		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	488.14
(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.

Tuta, Nicholas, , ,

Signature

Date

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Full Name of Payee PeerSpace Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024
Mailing Address 114 Sansome St Ste 1100		Amount 59.80
City San Francisco	State CA	Zip Code 94104-3822
Purpose of Expenditure Space Rental	Category/ Type 004	Transaction ID : 500003196 Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2024
Name of Federal Candidate Trump, Donald, J., , ☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 172113.18		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

Full Name of Payee Ramesh, Neha, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024
Mailing Address 1919 Richard St		Amount 425.28
City Burbank	State CA	Zip Code 91504-2924
Purpose of Expenditure Reimbursement - Travel	Category/ Type 002	Transaction ID : 500003192 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Trump, Donald, J., , ☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 172113.18		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	485.08
(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.

Tuta, Nicholas, , ,

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Full Name of Payee RT Medical USA		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024
Mailing Address 1241 Robinson Rd		Amount 78.00
City Old Hickory	State TN	Zip Code 37138-3340
Purpose of Expenditure First Aid Supplies	Category/ Type 007	Transaction ID : 500003197 Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2024
Name of Federal Candidate Trump, Donald, J., , ☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 172113.18		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

Full Name of Payee Safeway		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024
Mailing Address		Amount 80.66
City	State	Zip Code
Purpose of Expenditure Supplies	Category/ Type 007	Transaction ID : 500003198 Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2024
Name of Federal Candidate Trump, Donald, J., , ☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 172113.18		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	158.66
(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.

Tuta, Nicholas, , ,

Signature

Date

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NAME OF COMMITTEE (In Full) Sunrise PAC		FEC IDENTIFICATION NUMBER ▼ C C00674697
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Scale to Win		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024
Mailing Address 13742 Harper St		Amount 129500.00
City Santa Ana	State CA	Zip Code 92703-1419
Purpose of Expenditure Estimated Cost for Auto-Dialer and Digital Communications		Category/ Type 004
Name of Federal Candidate Trump, Donald, J., ,		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee Southwest Airlines		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024
Mailing Address 2702 Love Field Dr		Amount 380.98
City Dallas	State TX	Zip Code 75235-1908
Purpose of Expenditure Travel		Category/ Type 002
Name of Federal Candidate Trump, Donald, J., ,		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	129880.98
(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.

Tuta, Nicholas, , ,

Signature

Date

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NAME OF COMMITTEE (In Full) Sunrise PAC		FEC IDENTIFICATION NUMBER ▼ C C00674697
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Southwest Airlines		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024
Mailing Address 2702 Love Field Dr		Amount 481.96
City Dallas	State TX	Zip Code 75235-1908
Purpose of Expenditure Travel	Category/ Type 002	Transaction ID : 500003146 Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2024
Name of Federal Candidate Trump, Donald, J., , ☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 172113.18		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

Full Name of Payee Southwest Airlines		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024
Mailing Address 2702 Love Field Dr		Amount 661.96
City Dallas	State TX	Zip Code 75235-1908
Purpose of Expenditure Travel	Category/ Type 002	Transaction ID : 500003145 Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2024
Name of Federal Candidate Trump, Donald, J., , ☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 172113.18		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1143.92
(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.

Tuta, Nicholas, , ,

Signature

Date

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Check if ☐ 24-hour report ☒ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee Southwest Airlines		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024	
Mailing Address 2702 Love Field Dr		Amount 693.97	
City Dallas	State TX	Zip Code 75235-1908	Transaction ID : 500003147
Purpose of Expenditure Travel	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2024	
Name of Federal Candidate Trump, Donald, J., ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

Full Name of Payee Southwest Airlines		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024	
Mailing Address 2702 Love Field Dr		Amount 9.00	
City Dallas	State TX	Zip Code 75235-1908	Transaction ID : 500003148
Purpose of Expenditure Travel	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2024	
Name of Federal Candidate Trump, Donald, J., ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	702.97
(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.

Tuta, Nicholas, , ,

Signature

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Check if ☐ 24-hour report ☒ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee Southwest Airlines		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024	
Mailing Address 2702 Love Field Dr		Amount 661.96	
City Dallas	State TX	Zip Code 75235-1908	Transaction ID : 500003149
Purpose of Expenditure Travel	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2024	
Name of Federal Candidate Trump, Donald, J., ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

Full Name of Payee Southwest Airlines		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024	
Mailing Address 2702 Love Field Dr		Amount 389.98	
City Dallas	State TX	Zip Code 75235-1908	Transaction ID : 500003143
Purpose of Expenditure Travel, Reimbursement Item for Adah Crandall	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Trump, Donald, J., ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1051.94
(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.

Tuta, Nicholas, , ,

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Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on / /					
Full Name of Payee Spirit Airlines			Date of Public Distribution/Dissemination / / 09 / 22 / 2024		
Mailing Address 2800 Executive Way			Amount 179.98		
City Miramar		State FL	Zip Code 33025-6542		Transaction ID : 500003199
Purpose of Expenditure Travel		Category/ Type 002		Date of Disbursement or Obligation / / 09 / 18 / 2024	
Name of Federal Candidate Trump, Donald, J., ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 172113.18			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee Spirit Airlines			Date of Public Distribution/Dissemination / / 09 / 22 / 2024		
Mailing Address 2800 Executive Way			Amount 169.58		
City Miramar		State FL	Zip Code 33025-6542		Transaction ID : 500003200
Purpose of Expenditure Travel		Category/ Type 002		Date of Disbursement or Obligation / / 09 / 19 / 2024	
Name of Federal Candidate Trump, Donald, J., ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 172113.18			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			349.56		
(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 Tuta, Nicholas, , ,			Date / / 09 / 24 / 2024		

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Check if ☐ 24-hour report ☒ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee Sprouts Farmers Market		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024	
Mailing Address		Amount 72.47	
City	State	Zip Code	Transaction ID : 500003201
Purpose of Expenditure Supplies		Category/ Type 007	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2024
Name of Federal Candidate Trump, Donald, J., ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		172113.18	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee Sunrise Movement		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024	
Mailing Address 712 H St NE Unit 626		Amount 22344.66	
City	State	Zip Code	Transaction ID : 500003204
Washington	DC	20002-3627	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Staff Time		Category/ Type 004	
Name of Federal Candidate Trump, Donald, J., ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		172113.18	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	22417.13
(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.

Tuta, Nicholas, , ,

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Full Name of Payee Uber Technologies		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024
Mailing Address 1455 Market St Ste 400		Amount 44.33
City San Francisco	State CA	Zip Code 94103-1355
Purpose of Expenditure Travel, Reimbursement Item for Neha Ramesh	Category/ Type	Transaction ID : 500003193 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Trump, Donald, J., ,	☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 172113.18		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee Uber Technologies		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024
Mailing Address 1455 Market St Ste 400		Amount 96.88
City San Francisco	State CA	Zip Code 94103-1355
Purpose of Expenditure Travel, Reimbursement Item for Tania Campos	Category/ Type 002	Transaction ID : 500003207 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Trump, Donald, J., ,	☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 172113.18		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	141.21
(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.

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NAME OF COMMITTEE (In Full) Sunrise PAC		FEC IDENTIFICATION NUMBER ▼ C C00674697
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Uber Technologies		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024
Mailing Address 1455 Market St Ste 400		Amount 16.91
City San Francisco	State CA	Zip Code 94103-1355
Purpose of Expenditure Travel, Reimbursement Itemization for Joy Mart	Category/ Type 002	Transaction ID : 500003212 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Trump, Donald, J., , ☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 172113.18		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee Uber Technologies		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024
Mailing Address 1455 Market St Ste 400		Amount 182.74
City San Francisco	State CA	Zip Code 94103-1355
Purpose of Expenditure Travel/Food Delivery	Category/ Type 002	Transaction ID : 500003209 Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2024
Name of Federal Candidate Trump, Donald, J., , ☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 172113.18		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	199.65
(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.

Tuta, Nicholas, , ,

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Date

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Check if ☐ 24-hour report ☒ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee United Airlines		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024	
Mailing Address 233 S Wacker Dr		Amount 147.00	
City Chicago	State IL	Zip Code 60606-7147	Transaction ID : 500003174
Purpose of Expenditure Travel	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2024	
Name of Federal Candidate Trump, Donald, J., ,		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

Full Name of Payee United Airlines		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024	
Mailing Address 233 S Wacker Dr		Amount 187.95	
City Chicago	State IL	Zip Code 60606-7147	Transaction ID : 500003175
Purpose of Expenditure Travel	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2024	
Name of Federal Candidate Trump, Donald, J., ,		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	334.95
(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.

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NAME OF COMMITTEE (In Full) Sunrise PAC		FEC IDENTIFICATION NUMBER ▼ C C00674697
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee United Airlines		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024
Mailing Address 233 S Wacker Dr		Amount 475.90
City Chicago	State IL	Zip Code 60606-7147
Purpose of Expenditure Travel	Category/ Type 002	Transaction ID : 500003176 Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2024
Name of Federal Candidate Trump, Donald, J., , ☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 172113.18		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

Full Name of Payee United Airlines		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024
Mailing Address 233 S Wacker Dr		Amount 251.48
City Chicago	State IL	Zip Code 60606-7147
Purpose of Expenditure Travel, Reimbursement Item for Finn Dies	Category/ Type 002	Transaction ID : 500003173 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Trump, Donald, J., , ☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 172113.18		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	727.38
(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.

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Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Venezia's New York Style Pizzeria		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024
Mailing Address 15620 N Tatum Blvd Ste 100		Amount 227.47
City Phoenix	State AZ	Zip Code 85032-4455
Purpose of Expenditure Food/Beverage	Category/ Type 002	Transaction ID : 500003210 Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2024
Name of Federal Candidate Trump, Donald, J., , ☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 172113.18		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

Full Name of Payee Walmart		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024
Mailing Address 5101 SE 14th St		Amount 547.64
City Des Moines	State IA	Zip Code 50320-1609
Purpose of Expenditure Event Supplies	Category/ Type 007	Transaction ID : 500003211 Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2024
Name of Federal Candidate Trump, Donald, J., , ☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 172113.18		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	775.11
(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.

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Check if ☐ 24-hour report ☒ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee Zaidi, Laela, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2024	
Mailing Address 327 Ord St		Amount 533.96	
City Kansas City	State MO	Zip Code 64124-1777	Transaction ID : 500003190
Purpose of Expenditure Reimbursement - Travel		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Trump, Donald, J., ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		172113.18	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

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

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	533.96
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	171454.76

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.

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