

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 4  
FOR SE OF FORM 24/48

|                                                                                                     |  |                                                                                                |  |
|-----------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>For Michigan Action Fund</b>                                      |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00886093                                              |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|                                                         |             |                                                                                |                                                                                                                                                             |  |  |
|---------------------------------------------------------|-------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name of Payee<br>All Pro Color                     |             |                                                                                | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>11 / 02 / 2024                                                                               |  |  |
| Mailing Address 20750 Chesley Dr                        |             |                                                                                | Amount<br>1705.60                                                                                                                                           |  |  |
| City<br>Farmington                                      | State<br>MI | Zip Code<br>48336-5110                                                         | Transaction ID : 500129436                                                                                                                                  |  |  |
| Purpose of Expenditure<br>For Harris Posters            |             | Category/<br>Type 004                                                          | Date of Disbursement or Obligation<br>MM / DD / YYYY<br>11 / 02 / 2024                                                                                      |  |  |
| Name of Federal Candidate<br>Harris, Kamala, , ,        |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought |             | 758604.98                                                                      | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶           |  |  |

|                                                         |             |                                                                                |                                                                                                                                                             |  |  |
|---------------------------------------------------------|-------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name of Payee<br>FedEx Office Print & Ship Center  |             |                                                                                | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>11 / 02 / 2024                                                                               |  |  |
| Mailing Address 2800 S State St                         |             |                                                                                | Amount<br>1091.41                                                                                                                                           |  |  |
| City<br>Ann Arbor                                       | State<br>MI | Zip Code<br>48104-7103                                                         | Transaction ID : 500129448                                                                                                                                  |  |  |
| Purpose of Expenditure<br>Printed Tabling Literature    |             | Category/<br>Type 004                                                          | Date of Disbursement or Obligation<br>MM / DD / YYYY<br>11 / 02 / 2024                                                                                      |  |  |
| Name of Federal Candidate<br>Harris, Kamala, , ,        |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought |             | 758604.98                                                                      | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶           |  |  |

|                                                             |         |
|-------------------------------------------------------------|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶    | 2797.01 |
| (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.

Venkatarman, Amritha, , ,  
Signature

Date 11 / 02 / 2024

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|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                         |                                                                                                                                                             |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>For Michigan Action Fund</b>                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00886093</div>                                                                                                                                               |                                                                                                                                                             |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>                              |  |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                         |                                                                                                                                                             |  |
| Full Name of Payee<br>FedEx Office                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 02 / 2024</div> |                                                                                                                                                             |  |
| Mailing Address 29119 Telegraph Rd                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                | Amount<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">824.96</div>                                                                                                                                                                        |                                                                                                                                                             |  |
| City State Zip Code<br>Southfield MI 48034-7603                                                                                                                                                                                                                                                                                                             |  | Transaction ID : 500129447<br>Date of Disbursement or Obligation<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 02 / 2024</div> |                                                                                                                                                                                                                                                                                         |                                                                                                                                                             |  |
| Purpose of Expenditure<br>Printed Literature for Tabling - Endorse Harris                                                                                                                                                                                                                                                                                   |  | Category/<br>Type 004                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                         | Name of Federal Candidate<br>Harris, Kamala, , ,                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                             |  | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                         | Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |  | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">758604.98</div>                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                         | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____     |  |
| Full Name of Payee<br>Lawson Printers Inc                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 02 / 2024</div> |                                                                                                                                                             |  |
| Mailing Address 685 Columbia Ave W                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                | Amount<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1364.22</div>                                                                                                                                                                       |                                                                                                                                                             |  |
| City State Zip Code<br>Battle Creek MI 49015-3027                                                                                                                                                                                                                                                                                                           |  | Transaction ID : 500129443<br>Date of Disbursement or Obligation<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 02 / 2024</div> |                                                                                                                                                                                                                                                                                         |                                                                                                                                                             |  |
| Purpose of Expenditure<br>Plan to Vote Cards - Endorse Harris                                                                                                                                                                                                                                                                                               |  | Category/<br>Type 004                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                         | Name of Federal Candidate<br>Harris, Kamala, , ,                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                             |  | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                         | Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |  | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">758604.98</div>                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                         | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____     |  |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2189.18</div>                                                                                                                                                                                 |                                                                                                                                                             |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>                                                                                                                                                                                        |                                                                                                                                                             |  |
| (c) TOTAL Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></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<br><br>Venkatarman, Amritha, , ,                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 02 / 2024</div>                                         |                                                                                                                                                             |  |

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|                                                                                                                                                                                                    |  |                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>For Michigan Action Fund</b>                                                                                                                                     |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00886093 |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  | MM / DD / YYYY<br>/  /                            |

|                                                         |                       |                                                                                                                                                                                                                                                  |
|---------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br>Michigan Education Association    |                       | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>11 / 02 / 2024                                                                                                                                                                    |
| Mailing Address 1216 Kendale Blvd                       |                       | Amount<br>2700.20                                                                                                                                                                                                                                |
| City<br>East Lansing                                    | State<br>MI           | Zip Code<br>48823-2008                                                                                                                                                                                                                           |
| Purpose of Expenditure<br>Pledge to Vote Cards          | Category/<br>Type 004 | Transaction ID : 500129440<br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br>11 / 02 / 2024                                                                                                                                             |
| Name of Federal Candidate<br>Harris, Kamala, , ,        |                       | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____ |
| Calendar Year-To-Date<br>Per Election for Office Sought |                       | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____                                                                                          |

|                                                                |                       |                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br>Pride Printing & Mailing Service         |                       | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>11 / 02 / 2024                                                                                                                                                                    |
| Mailing Address 2847 US Highway 41 W                           |                       | Amount<br>104.94                                                                                                                                                                                                                                 |
| City<br>Marquette                                              | State<br>MI           | Zip Code<br>49855-2252                                                                                                                                                                                                                           |
| Purpose of Expenditure<br>Voter Information Cards - Pro Harris | Category/<br>Type 004 | Transaction ID : 500129444<br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br>11 / 02 / 2024                                                                                                                                             |
| Name of Federal Candidate<br>Harris, Kamala, , ,               |                       | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____ |
| Calendar Year-To-Date<br>Per Election for Office Sought        |                       | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____                                                                                          |

|                                                             |         |
|-------------------------------------------------------------|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶    | 2805.14 |
| (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.

Venkatarman, Amritha, , ,  
Signature

Date MM / DD / YYYY  
11 / 02 / 2024

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                         |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| NAME OF COMMITTEE (In Full)<br><b>For Michigan Action Fund</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00886093</div>                                                                                                                                               |  |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                         |  |  |
| Full Name of Payee<br>STL Shirt Compnay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 02 / 2024</div> |  |  |
| Mailing Address 4524 Sournh Saint Peters Pkwy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">9402.22</div>                                                                                                                                                                                      |  |  |
| City State Zip Code<br>Saint Peters MO 63304                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Transaction ID : 500129441<br>Date of Disbursement or Obligation<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 02 / 2024</div> |                                                                                                                                                                                                                                                                                         |  |  |
| Purpose of Expenditure<br>Harris for President Hats                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Category/<br>Type 004                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                         |  |  |
| Name of Federal Candidate<br>Harris, Kamala, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____                                        |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____ <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">758604.98</div>                     |  |  |
| Full Name of Payee<br>WKQ Medica, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 02 / 2024</div> |  |  |
| Mailing Address 1502 Kearny St NE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">70000.00</div>                                                                                                                                                                                     |  |  |
| City State Zip Code<br>Washington DC 20017-2958                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Transaction ID : 500129442<br>Date of Disbursement or Obligation<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 02 / 2024</div> |                                                                                                                                                                                                                                                                                         |  |  |
| Purpose of Expenditure<br>Digital Media Purchase                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Category/<br>Type 004                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                         |  |  |
| Name of Federal Candidate<br>Harris, Kamala, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____                                        |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____ <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">758604.98</div>                     |  |  |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                | <div style="border: 1px solid black; padding: 2px; display: inline-block;">79402.22</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;">87193.55</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.<br><br><div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature<br/><div style="border-bottom: 1px solid black; margin-top: 5px; display: inline-block; width: 80%;">Venkatarman, Amritha, , ,</div></div><div style="width: 20%; text-align: center;">Date<br/><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 02 / 2024</div></div></div> |  |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                         |  |  |