

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Defending Main Street SuperPAC Inc.		FEC IDENTIFICATION NUMBER ▼ C C00540203	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee McNally Temple Associates Inc			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2018		
Mailing Address 1817 Capitol Ave			Amount 12600.00		
City Sacramento	State CA	Zip Code 95811	Transaction ID : SE.5252		
Purpose of Expenditure Mailhouse		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2018		
Name of Federal Candidate Harder, Josh, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: 10 State: CA
Calendar Year-To-Date Per Election for Office Sought 412900.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee McNally Temple Associates Inc			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2018		
Mailing Address 1817 Capitol Ave			Amount 24400.00		
City Sacramento	State CA	Zip Code 95811	Transaction ID : SE.5253		
Purpose of Expenditure Mailhouse		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2018		
Name of Federal Candidate Harder, Josh, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: 10 State: CA
Calendar Year-To-Date Per Election for Office Sought 437300.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	37000.00
(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.

Chamberlain, Sarah, ,
[Electronically Filed]

Date

 MM / DD / YYYY
10 / 17 / 2018

Signature

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

NAME OF COMMITTEE (In Full) Defending Main Street SuperPAC Inc.		FEC IDENTIFICATION NUMBER ▼ C C00540203	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee McNally Temple Associates Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2018	
Mailing Address 1817 Capitol Ave		Amount 13000.00	
City Sacramento	State CA	Zip Code 95811	Transaction ID : SE.5254
Purpose of Expenditure Radio Ads	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2018	
Name of Federal Candidate Harder, Josh, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought 450300.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> 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		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	13000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	50000.00

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

Chamberlain, Sarah, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 17 / 2018

Signature