24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) 35TH, INC. C	Schedule E)				PAGE 1 OF 1 FOR SE OF FORM 24/48	
Check if 24-hour report X 48-hour report 4	NAME OF COMMITTEE (In Full)					
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Check if 24-hour report					C C00635607	
Full Name of Payee JAMESTOWN ASSOCIATES Mailing Address 154 ROUTE 79 NORTH City State Zip Code MARLBORO NJ 07746 Purpose of Expenditure PLACED MEDIA AND PRODUCTION COST Name of Federal Candidate MORRISEY, PATRICK MR,	Objects if Code and a Manager of Florida Manager of					
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(c) TOTAL Independent Expenditures	(c) TOTAL Independent Expenditures					
438920.00	(c) TOTAL Independent Experiatores			· •	438920.00	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or conce 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 politic						
party committee) any political party committee or its agent.			s comminde of agent t	, omen, or (in the reporting entity is not a political	
Gantt, Charles, , , [Electronically Filed] Date 08 21 2018	Gantt, Charles, , ,	[Electron	nically Filed] Date	M M M		
Signature	Signature		Date			