

PAGE	1	OF	3
FOR SE OF FORM 24/48			

FEC Schedule E (Form 24/28) Rev. 09/2013

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) AMERICAN WORKING FAMILIES		FEC IDENTIFICATION NUMBER ▼ C C00511915
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

Full Name of Payee Jackson Group Media, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 26 / 2020
Mailing Address 206 North Washington Street Suite 10		Amount 9675.00
City Alexandria	State VA	Zip Code 22314
Purpose of Expenditure Media Production and Delivery	Category/ Type	Transaction ID : SE.4872 Date of Disbursement or Obligation MM / DD / YYYY 08 / 26 / 2020
Name of Federal Candidate MORSE, ALEX, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought 978125.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Targeted Platform Media		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 26 / 2020
Mailing Address PO Box 237		Amount 334000.00
City Crownsville	State MD	Zip Code 20132
Purpose of Expenditure TV Advertising	Category/ Type	Transaction ID : SE.4869 Date of Disbursement or Obligation MM / DD / YYYY 08 / 26 / 2020
Name of Federal Candidate MORSE, ALEX, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought 828450.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	343675.00
(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.

Jackson, Bud, , ,

[Electronically Filed]

Date

MM / DD / YYYY
08 / 26 / 2020

Signature

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

PAGE	3	OF	3
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) AMERICAN WORKING FAMILIES		FEC IDENTIFICATION NUMBER ▼ C C00511915											
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 <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		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 Targeted Platform Media		Date of Public Distribution/Dissemination <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>26</td> <td></td> <td>2020</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	08		26		2020
M M M	/	D D D	/	Y Y Y Y Y Y									
08		26		2020									
Mailing Address PO Box 237		Amount <table border="1"> <tr> <td colspan="5">90000.00</td> </tr> </table>		90000.00									
90000.00													
City Crownsville	State MD	Zip Code 20132	Transaction ID : SE.4870										
Purpose of Expenditure TV Advertising		Category/ Type	Date of Disbursement or Obligation <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>26</td> <td></td> <td>2020</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08		26		2020
M M M	/	D D D	/	Y Y Y Y Y Y									
08		26		2020									
Name of Federal Candidate MORSE, ALEX, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA										
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶											

Full Name of Payee Targeted Platform Media		Date of Public Distribution/Dissemination <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>26</td> <td></td> <td>2020</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	08		26		2020
M M M	/	D D D	/	Y Y Y Y Y Y									
08		26		2020									
Mailing Address PO Box 237		Amount <table border="1"> <tr> <td colspan="5">50000.00</td> </tr> </table>		50000.00									
50000.00													
City Crownsville	State MD	Zip Code 20132	Transaction ID : SE.4871										
Purpose of Expenditure TV Advertising		Category/ Type	Date of Disbursement or Obligation <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>26</td> <td></td> <td>2020</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08		26		2020
M M M	/	D D D	/	Y Y Y Y Y Y									
08		26		2020									
Name of Federal Candidate MORSE, ALEX, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA										
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶											

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1"> <tr> <td colspan="5">140000.00</td> </tr> </table>	140000.00				
140000.00						
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<table border="1"> <tr> <td colspan="5"></td> </tr> </table>					
(c) TOTAL Independent Expenditures.....▶	<table border="1"> <tr> <td colspan="5">501675.00</td> </tr> </table>	501675.00				
501675.00						

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.

Jackson, Bud, , ,

[Electronically Filed]

Date

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2020

Signature