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

Schedule E)	FOR SE OF FORM 24/48							
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼							
AMERICAN WORKING FAMILIES								
	C C00511915							
Check if 24-hour report 48-hour report New report Amends report filed on								
Full Name of Payee	Date of Public Distribution/Dissemination							
A4 Media	M = M / D = D / Y = Y = Y							
Mailing Address PO Box 392090	08 26 2020 Amount							
	, and an							
City State Zip Code	13000.00							
Pittsburgh PA 15251	Transaction ID : SE.4873 Date of Disbursement or Obligation							
Purpose of Expenditure Digital Advertising Category/ Type	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
Name of Federal Candidate Support O	ffice Sought: X House District: 01							
MORSE, ALEX, , ,	President Senate State: MA							
Odiolidai lodi lo Bato	isbursement For: ✓ Primary General Other (specify) ✓							
Full Name of Payee	Date of Public Distribution/Dissemination							
A4 Media	08 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
Mailing Address PO Box 392090	06 26 2020							
. 0 25% 552355	Amount							
City State Zip Code	5000.00							
Pittsburgh PA 15251	Transaction ID : SE.4874 Date of Disbursement or Obligation							
Purpose of Expenditure Digital Advantages Category/	M = M / D = D / Y = Y = Y							
Digital Advertising Type	08 26 2020							
Name of Federal Candidate Support O	ffice Sought: X House District: 01							
NEAL, RICHARD E MR., , ,	President Senate State: MA							
	Sportsement For: X Primary General							
Per Election for Office Sought 996125.00 2	020 Other (specify) ▶							
(a) SUBTOTAL of Itemized Independent Expenditures	18000.00							
	1,000,000							
(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	M = M / D = D / Y = Y = Y = Y							
Signature [Electronically Filea] Date	08 26 2020							

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

	Siledule Ly		FOR SE OF FORM 24/48					
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼					
Α	MERICAN WORKING FAMILIES		C C00511915					
Ch	neck if X 24-hour report 48-hour report New report Amends rep	ort fil	ed on M M / D D / Y Y Y Y Y					
	Full Name of Payee		Date of Public Distribution/Dissemination					
	Jackson Group Media, LLC		08 26 2020					
	Mailing Address 206 North Washington Street	Amends report filed on Date of Amount Transac Date of Ory/ Oppose Disbursement 2020 Oth Amount Amount Ory/ Oppose Disbursement 2020 Oth Oppose Transac Date of Ory/ Oppose Disbursement 2020 Oth Oth Oppose Disbursement Oppose Oppose Disbursement Oppose Disbursement Oppose Oppose D	Amount					
	Suite 10	-						
	City State Zip Code Alexandria VA 22314	9675.00 Transaction ID : SE.4872 Date of Disbursement or Obligation						
	Purpose of Expenditure Media Production and Delivery Category/ Type		08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	Name of Federal Candidate Support	Off	fice Sought: X House District: 01					
	MORSE, ALEX, , ,		President Senate State: MA					
	Calendar Year-To-Date Per Election for Office Sought 978125.00		sbursement For: X Primary General					
			Other (specify)					
	Full Name of Payee Targeted Platform Media		Date of Public Distribution/Dissemination					
	Mailing Address PO Box 237		08 26 2020 Amount					
	City State Zip Code		334000.00					
	Crownsville MD 20132		Transaction ID : SE.4869 Date of Disbursement or Obligation					
	Purpose of Expenditure TV Advertising Category/ Type		08 / 26 / Y Y Y Y					
	Name of Federal Candidate Support	Of	fice Sought: X House District: 01					
	MORSE, ALEX, , ,		President Senate State: MA					
	Calendar Year-To-Date Per Election for Office Sought 828450.00		sbursement For:					
	(a) SUBTOTAL of Itemized Independent Expenditures	···· >	343675.00					
	(b) SUBTOTAL of Unitemized Independent Expenditures	···· >						
	(c) TOTAL Independent Expenditures	···· >						
	(c) TOTAL Independent Expenditures							
	Jackson, Bud, , , [Electronically Filed] Dat	_	M M / D J / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	Signature	L						
_		_						

PAGE 2

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

	medule Ly						FC	OR SE OF	FORM 24/48	
	ME OF COMMITTEE (In Full) MERICAN WORKING FAMILIES FEC IDENTIFICATION NUMBER ▼									
Η	WERICAN WORKING FAMILIES					С	C00	0511915		
Ch	eck if X 24-hour report 48-hour report New report A		ends repo	rt filed o		М	/	D D /	Y = Y = Y = Y	
	Full Name of Payee				Date o	f Publ	lic Di	istribution	/Dissemination	
	Targeted Platform Media						/	26	2020	
	Mailing Address PO Box 237			report filed on Date of Public Distritude of Date of Disbursement For: Date of Public Distritude of Disbursement For: Disbursement For: Date of Public Distritude of Disbursement For: Disbursement For: Date of Public Distritude of Disbursement For: Date of Public Distritude of Disbursement For: Date of Public Distritude of Disbursement For: Date of Public Distritude of Disbursement For: Date of Disbursemen						
	City State Zip Code				Г.				90000.00	
	Crownsville MD 20132				Transaction ID : SE.4870 Date of Disbursement or Obligation					
	Purpose of Expenditure TV Advertising Category Typ				M	- M		26	2020	
	Name of Federal Candidate	S	Support	Office	Sought	: [X	House	District: 01	
	MORSE, ALEX, , ,	c	Oppose		Preside	nt [Senate	State: MA	
	Calendar Year-To-Date Per Election for Office Sought 918450.0	00						Primary	General	
	Full Name of Power	_							/D:	
	Full Name of Payee Targeted Platform Media				M	= M	_	26	2020	
	Mailing Address PO Box 237						L	20	2020	
	City State Zip Code	<u> </u>			Г.				50000.00	
	Crownsville MD 20132								Obligation	
	Purpose of Expenditure TV Advertising Category Typ				M	- M	_		2020	
	Name of Federal Candidate	_ s	Support	Office	Sought	:	x	House	District: 01	
	MORSE, ALEX, , ,	<u></u>	Oppose		Preside	nt		Senate	State: MA	
	Calendar Year-To-Date Per Election for Office Sought 968450.0	00							/ General	
	(a) SUBTOTAL of Itemized Independent Expenditures			· •	i		-	1 7	140000.00	
	(b) SUBTOTAL of Unitemized Independent Expenditures			•		-7				
	(c) TOTAL Independent Expenditures			•		-7		7	501675.00	
	Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.									
	Jackson, Bud, , , [Electronically Filed]	<i>l</i>]	Date	M = 08		26) /	202	20	
	Signature	_	Dale		_		_	202		
_			_	_	_	_	_			

PAGE 3

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