Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
PACRONYM	
	C C00646877
Check if 24-hour report 48-hour report New report Amends report f	iled on 12 06 2019
Full Name of Payee	Date of Public Distribution/Dissemination
1215 LLC	M M / D D / Y Y Y Y
[MEMO ITEM] * Mailing Address 1023 Forest Glen Rd	11 04 2019
1026 Foldot Gloil Na	Amount
City State Zip Code	2500.00
Silver Spring MD 20901-2103	Transaction ID : VVAHVAPD929
Purpose of Expenditure	Date of Disbursement or Obligation
Strategic Consulting Fee Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support O	ffice Sought: House District: 00
TRUMP, DONALD J., , ,	🗶 President Senate State: IA
Odiciidai icai io batc	isbursement For: X Primary General
Per Election for Office Sought 19768.74 20	O20 Other (specify) >
Full Name of Payee	Date of Public Distribution/Dissemination
1215 LLC [MEMO ITEM] *	11 04 2019
Mailing Address 1023 Forest Glen Rd	11 04 2010
	Amount
City State Zip Code	2500.00
Silver Spring MD 20901-2103	Transaction ID: VVAHVAPF1M0
Purpose of Expenditure Category/	Date of Disbursement or Obligation
Strategic Consulting Fee Type	
Name of Federal Candidate Support O	Office Sought: House District: 00
TRUMP, DONALD J., , ,	▼ President Senate State: IA
	Disbursement For: X Primary General
	O20 Other (specify)
, , ,	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	0
Control of the contro	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
	7 7
(c) TOTAL Independent Expenditures	
	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not	t made in cooperation, consultation, or concert
with, or at the request or suggestion of, any candidate or authorized committee or agent of ei	•
party committee) any political party committee or its agent.	
Bowen, Amanda, , ,	M = M / D = D / Y = Y = Y
[Electronically Filed] Date	03 09 2020
Oignature	

: 97 A = G7 9 @ 5 B9 CI G'H9 LHF9 @ 5 H98 'HC' 5 F9 DCFHz G7 < 98 I @ 'CF' ≠ H9 A = N5 H= CB

Form/Schedule: F24A Transaction ID:

March 9, 2020 VIA EMAIL Nicholas Tarone Senior Campaign Finance Analyst Reports Analysis Division Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463 Re: PACRONYM FEC ID No. C00646877 Dear Mr. Tarone: This is in response to your letter dated February 2, 2020 concerning the 48-Hour Notification Report filed by PACRONYM (the ?Committee?) on December 6, 2019. You have asked the Committee to identify the states in which the relevant independent expenditures were distributed. The Committee filed an amended report on March 9, 2020, which provides this information and makes other amendments. We hope that this information adequately addresses your questions. If you need any further information, please do not hesitate to contact the Committee. Very truly yours, Jonathan S. Berkon Counsel to PACRONYM

Form/Schedule: SE

Transaction ID: VVAHVAPD929

Nationwide

Form/Schedule: SE

Transaction ID: VVAHVAPF1M0

Nationwide

Form/Schedule: Transaction ID:

Schedule E)	IDEITI EXI EITE	TIONES		PAGE 4 OF 9 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
PACRONYM			C	C00646877
Check if 24-hour report X 48-hour report	ort New rep	port X Amends repo	ort filed on 12	06 / 2019
Full Name of Payee			Date of Public	Distribution/Dissemination
Crowe, Scotty, , ,			11	04 / 2019
Mailing Address PO Box 480650			Amount	
City	State	Zip Code		3699.00
Los Angeles	CA	90048-9250		D: VVAHVAP77P6 ursement or Obligation
Purpose of Expenditure Design Consultant		Category/ Type	M = M /	D D / Y T Y T Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
TRUMP, DONALD J., , ,		X Oppose	✗ President	Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	,	19768.74	Disbursement For: 2020 Other (sp	Primary General Pecify) ▶
Full Name of Payee			Date of Public	c Distribution/Dissemination
Crowe, Scotty, , ,			M - M 11	04 2019
Mailing Address PO Box 480650			Amount	04 2019
City	State	Zip Code		3500.00
Los Angeles	CA	90048-9250		D: VVAHVAP77R2 ursement or Obligation
Purpose of Expenditure Design Consultant		Category/ Type	M = M	/ D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
TRUMP, DONALD J., , ,		X Oppose	✗ President	Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		19768.74	Disbursement For: 2020 Other (sp	▼ Primary General Decify) ▶
-				
(a) SUBTOTAL of Itemized Independent Exp	enditures		>	0.00
(b) SUBTOTAL of Unitemized Independent E	xpenditures		. •	
(c) TOTAL Independent Expenditures				1 4 1 6
Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorize			
Bowen, Amanda, , ,	[Electron	nically Filed] Date	03 / 09	2020
S.g.iataro				

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Transaction ID : VVAHVAP77P6

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Form/Schedule: SE

Transaction ID: VVAHVAP77R2

Nationwide

Schedule E)	NDITOTIES	PAGE 6 OF 9 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼		
PACRONYM		C C00646877		
Check if 24-hour report X 48-hour report New	report 🗶 Amends report filed	on 12 06 2019		
Full Name of Payee Lockwood Strategy Labs		Date of Public Distribution/Dissemination		
X * Mailing Address 1050 Connecticut Ave NW		11 04 2019 Amount		
# 66016				
City State	Zip Code	10069.74		
Washington DC	20036-5303	Transaction ID: VVAHVAPF1J4 Date of Disbursement or Obligation		
Purpose of Expenditure Digital Ad Buy	Category/ Type	M = M / D = D / Y = Y = Y		
Name of Federal Candidate	Support Office	Sought: House District:00		
TRUMP, DONALD J., , ,	X Oppose X	President Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought	19768.74 Disbut 2020	rsement For: Primary General Other (specify) ▶		
Full Name of Payee		Date of Public Distribution/Dissemination		
Lockwood Strategy Labs		11 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 1050 Connecticut Ave NW				
# 66016		Amount		
City State	Zip Code	2718.43		
Washington DC	20036-5303	Transaction ID : VVAHVAPF1K2 Date of Disbursement or Obligation		
Purpose of Expenditure Digital Ad Buy	Category/ Type	M = M / D = D / Y = Y = Y		
Name of Federal Candidate	Support Office	Sought: House District: 00		
TRUMP, DONALD J., , ,		President Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought	19768.74 Disbu 2020	rsement For:		
(a) SUBTOTAL of Itemized Independent Expenditures	·····	0.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7 7		
(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.				
Bowen, Amanda, , , [Electrical Signature]	ctronically Filed] Date 03			

Form/Schedule: SE

Transaction ID: VVAHVAPF1J4

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Form/Schedule: SE

Transaction ID: VVAHVAPF1K2

Nationwide

Schedule E)	PAGE 8 OF 9 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
PACRONYM	C C00646877			
Check if 24-hour report 48-hour report New report Amends report filed on	12 06 / Y 2019			
Full Name of Payee Lockwood Strategy Labs	e of Public Distribution/Dissemination			
X * Mailing Address 1050 Connecticut Ave NW	11 04 2019			
# 66016	punt			
City State Zip Code	14129.62			
	nsaction ID : VVAHVAPF1N8 e of Disbursement or Obligation			
Purpose of Expenditure Production Costs and Licensing Fees Category/ Type	M = M / D = D / Y = Y = Y			
Name of Federal Candidate Support Office Sough	ght: House District: 00			
TRUMP, DONALD J., , , TRUMP, DONALD J., , , Presi	10			
Calendar Year-To-Date Per Election for Office Sought Disburseme 2020	ent For: Primary General Other (specify)			
Full Name of Payee Date	e of Public Distribution/Dissemination			
Mailing Address	M M / D D / Y Y Y Y			
Amo	ount			
City State Zip Code				
	e of Disbursement or Obligation			
Purpose of Expenditure Category/ Type	M M / D D / Y Y Y Y			
Name of Federal Candidate Support Office Source	ght: House District:			
Oppose Presi	ident Senate State:			
Calendar Year-To-Date Per Election for Office Sought Disbursement	ent For:			
<u> </u>				
(a) SUBTOTAL of Itemized Independent Expenditures	0.00			
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7			
(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.				
Bowen, Amanda, , , [Electronically Filed] Date 03	09 2020			
Dutc	09 2020			

Form/Schedule: SE

Transaction ID: VVAHVAPF1N8

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Form/Schedule: Transaction ID: