

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL
EMPLOYEES P E O P L E

FEC IDENTIFICATION NUMBER ▼

C C00011114

Check If ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee
MACK CROUNSE GROUP, LLC

Date

MM / DD / YYYY

Mailing Address 2001 N. Beauregard Street
Suite 420

Amount

25043.13

City State Zip Code
Alexandria VA 22311

Transaction ID : SE.274532

Purpose of Expenditure
MPND12016 - Medicare #5

Category/
Type 006

Office Sought: ☐ House State: ND
☒ Senate District: 00
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:
RICHARD A BERG

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election
for Office Sought 194512.74

Disbursement For: ☐ Primary ☒ General
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date

MM / DD / YYYY

Mailing Address

Amount

MM / DD / YYYY

City State Zip Code

Purpose of Expenditure

Category/
Type

Office Sought: ☐ House State:
☐ Senate District:
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

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

25043.13

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

25043.13

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.

LAURA REYES

[Electronically Filed]

Date

MM / DD / YYYY

Signature