

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

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CULAC the PAC of Credit Union National Association		FEC IDENTIFICATION NUMBER ▼ C C00007880	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2018	

Full Name of Payee Centro, Inc.		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 12 / 2018	
Mailing Address 11 E Madison		Amount 10000.00	
City Chicago	State IL	Zip Code 60602	Transaction ID : 3018926
Purpose of Expenditure Digital Advertising		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Name of Federal Candidate Chabot, Steve, , Rep.,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
		10000.00	

Full Name of Payee Mentzer Media Services, Inc.		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 04 / 2018	
Mailing Address 210 W Pennsylvania Avenue Suite 250		Amount 151722.55	
City Towson	State MD	Zip Code 21204	Transaction ID : 3018933
Purpose of Expenditure TV Advertising and Production		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Name of Federal Candidate Chabot, Steve, , Rep.,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
		161722.55	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	161722.55
(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.

Ihrig, Jonathan Jared, ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2018

Signature

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
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Form/Schedule: F24A
Transaction ID :

Updated expenditure totals.

Form/Schedule:
Transaction ID:

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

NAME OF COMMITTEE (In Full) CULAC the PAC of Credit Union National Association		FEC IDENTIFICATION NUMBER ▼ C C00007880	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 10 / 16 / 2018	

Full Name of Payee Mentzer Media Services, Inc.		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 16 / 2018	
Mailing Address 210 W Pennsylvania Avenue Suite 250		Amount 38277.45	
City Towson	State MD	Zip Code 21204	Transaction ID : 3018942
Purpose of Expenditure Radio Advertising and Production		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Name of Federal Candidate Chabot, Steve, , Rep.,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
		200000.00	

Full Name of Payee		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	38277.45
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....▶	200000.00

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.

Ihrig, Jonathan Jared, ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 25 / 2018

Signature