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

Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)  FEC IDENTIFICATION NUMBER ▼		
314 Action Fund		C C00633248
		O MARIE TO THE PARTY OF THE PAR
Check if 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee Ambrosino Muir Hansen Crounse		Date of Public Distribution/Dissemination
		10 24 2018
Mailing Address 500 Sansome St		Amount
Ste 404		ANIOUR
	Zip Code	31400.00
San Francisco CA	94111-3218	Transaction ID: VNV4W9YDWN2 Date of Disbursement or Obligation
Purpose of Expenditure Non-Contribution Account: Direct Mail	Category/ Type	10 24 7 2018
Name of Federal Candidate	Support Office	e Sought:
Roskam, Peter, , ,	X Oppose	President Senate State: IL
Calendar Year-To-Date Per Election for Office Sought	31400.00 Disbu 2018	ursement For: Primary   General  Other (specify) ▶
Full Name of Payee	I	Date of Public Distribution/Dissemination
		M = M / D = D / Y = Y = Y
Mailing Address		
		Amount
City State	Zip Code	
		Date of Disbursement or Obligation
Purpose of Expenditure	Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support Offic	e Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date		ursement For: Primary General
Per Election for Office Sought		Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		31400.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	·····	31400.00
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.		
Morrow, Joshua, , ,  [Electronic Signature	cally Filed] Date	0 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signaturo		