

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

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Defending Main Street SuperPAC Inc.		FEC IDENTIFICATION NUMBER ▼ C C00540203																									
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>		M	M					D	D					Y	Y	Y	Y	Y	Y						
M	M																										
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Y	Y	Y	Y	Y	Y																						

Full Name of Payee McNally Temple Associates Inc			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>1</td><td>0</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>0</td><td>2</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>2</td><td>0</td><td>1</td><td>8</td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>			1	0					0	2					2	0	1	8				
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2	0	1	8																						
Mailing Address 1817 Capitol Ave			Amount 55000.00																						
City Sacramento	State CA	Zip Code 95811	Transaction ID : SE.5166																						
Purpose of Expenditure Fieldwork		Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>0</td><td>9</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>2</td><td>1</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>2</td><td>0</td><td>1</td><td>8</td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>			0	9					2	1					2	0	1	8				
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Name of Federal Candidate Harder, Josh, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA																						
Calendar Year-To-Date Per Election for Office Sought		195300.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶																						

Full Name of Payee			Date of Public Distribution/Dissemination																										
Mailing Address			Amount																										
City	State	Zip Code	Date of Disbursement or Obligation																										
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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.....▶	55000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	55000.00

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.

Chamberlain, Sarah, , ,

[Electronically Filed]

Date

0	9	

2	7	

2	0	1	8

Signature