24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (S

Schedule E)		PAGE 1 OF 1 FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)		
CAPE FOX PROFESSIONAL LICENSE		C C00622266
		O cooling
Check if 24-hour report X 48-hour report New report X Amends report filed on 07 30 2016		
Full Name of Payee		Date of Public Distribution/Dissemination
Cape fox professional license		07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7050 infantry ridge rd		
9		Amount
City State	Zip Code	89000.00
Manassas VA	20109	Transaction ID: WFT2016630441-1 Date of Disbursement or Obligation
Purpose of Expenditure 215	Category/ Type	07 / 30 / 2016
Name of Federal Candidate	Support C	Office Sought: House District:
MARIE DAVIS	Oppose	President Senate State: CA
Calendar Year-To-Date		bisbursement For: Primary X General
Per Election for Office Sought	2	O16 Other (specify) >
Full Name of Payee		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	0	Ni - Overha District
Hamb of Fodoral Sandada		Office Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General
		Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures		89000.00
(a) CODITO NE di Nomizea maoporadini Exponditare		3300.00
(b) SUBTOTAL of Unitemized Independent Expenditures		7
(c) TOTAL Independent Expenditures		89000.00
	•	0000000
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.		
	ically Filed] Date	08 09 2016
Signature		