10/24/2015 20 : 38

Image# 201510249003240261 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	chedule E)	.AF LINDI	TUNES			AGE 1 OF 1 DR SE OF FORM 24/48
NA	AME OF COMMITTEE (In Full)				I	TIFICATION NUMBER V
P	PATRIOTS FOR TRUMP					0586826
Ch	neck if 24-hour report 🔀 48-hour report	K New repo	ort Amends rep	ort filed or		
	Full Name of Payee TMA DIRECT INC			C	M M /	istribution/Dissemination
	Mailing Address 2000 EDMUND HALLEY DR			A	10 Amount	22 2015
	SUITE 250			r		
			Zip Code	- 11		500.00
	RESTON V	VA	20191		ransaction ID : Date of Disburse	SE.4175 ment or Obligation
	Purpose of Expenditure eMAIL VOTER CONTACT		Category/ Type 004			D 22 / Y Y Y Y 2015
	Name of Federal Candidate		Support	Office S	ought:	House District: 00
	DONALD J TRUMP		Oppose			Senate State: IA
	Calendar Year-To-Date Per Election for Office Sought		500.00	Disburse 2016	ement For: 🔀	∫ Primary General
	Full Name of Payee				Date of Public D	istribution/Dissemination
					M M /	D D / Y Y Y Y
	Mailing Address					
				A	Amount	
	City St	tate	Zip Code	[
		alo				
	Purpose of Expenditure			[Date of Disbursement or Obligation	
			Category/ Type		M = M /	D D / Y Y Y Y Y
	Name of Federal Candidate		Support	Office S	Sought:	House District:
			Oppose			Senate State:
	Calendar Year-To-Date				ement For:	Primary General
	Per Election for Office Sought				Other (speci	
				1		
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
	(c) TOTAL Independent Expenditures			••• •		500.00
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.						
	SCOTT B MACKENZIE	Floature	ically Filed]			2015
	Signature		Dat	te 10	24	2015