

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

NAME OF COMMITTEE (In Full) CAPE FOX PROFESSIONAL LICENSE
FEC IDENTIFICATION NUMBER C C00622266
Check if [X] 24-hour report [] 48-hour report [] New report [X] Amends report filed on 07 / 31 / 2016

Full Name of Payee Meta bank
Mailing Address 1131 BELL 9
City SACRAMENTO State CA Zip Code 95825
Purpose of Expenditure Travel expenses
Name of Federal Candidate MARIE DAVIS [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought

Date of Public Distribution/Dissemination
Amount 56.00
Transaction ID : WFT20166302142-1
Date of Disbursement or Obligation 07 / 31 / 2016
Office Sought: [] House District: []
[] President [] Senate State: CA
Disbursement For: [] Primary [] General 2016
[X] Other (specify) Expenses,travel

Full Name of Payee
Mailing Address
City State Zip Code
Purpose of Expenditure
Name of Federal Candidate [] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought

Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation
Office Sought: [] House District: []
[] President [] Senate State: []
Disbursement For: [] Primary [] General
[] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 0.00, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 0.00

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.

Signature Marie Davis [Electronically Filed] Date 08 / 10 / 2016