08/10/2016 00 : 28

## Image# 201608109022187272 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)		ITURES		PAGE 1 OF 1 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full) CAPE FOX PROFESSIONAL LICENSE				C IDENTIFICATION NUMBER	
				C00622266	
Check if 24-hour report 🗙 48-hour	report New rep	ort 🗙 Amends rep	ort filed on 08	10 2016	
Full Name of Payee			M		
X 0025778457 Mailing Address 1131 bell st	, 		07	31 2016	
9			Amount		
City	State	Zip Code		780.00	
Sacramento	CA	95825		ion ID : WFT20166312118-1 Disbursement or Obligation	
Purpose of Expenditure Licensing		Category/ Type			
Name of Federal Candidate		Support	Office Sought:	House District:	
Marie Davis		Oppose	X President		
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · ·		Disbursement For 2016	or: X Primary General r (specify) ►	
Full Name of Payee				Public Distribution/Dissemination	
Tych media llc x LPD			07		
Mailing Address Six row central #110	0		Amount		
City	State	Zip Code		160.00	
City Hartford	CT	06103		Transaction ID : WFT2016711329-1 Date of Disbursement or Obligation	
Purpose of Expenditure Disbursement		Category/ Type			
Name of Federal Candidate		X Support	Office Sought:	House District: 01	
Parra Nito		Oppose	X President	Senate State: CA	
Calendar Year-To-Date			Disbursement F 2016	or: X Primary General	
Per Election for Office Sought				r (specify) ►	
(a) SUBTOTAL of Itemized Independent	Expenditures				
(b) SUBTOTAL of Unitemized Independent	ent Expenditures		• •		
(c) TOTAL Independent Expenditures			·· ▶	0	
Under penalty of perjury I certify that th with, or at the request or suggestion of, party committee) any political party comm	any candidate or authorized				
Marie Davis	151. 4	iaglla Eiladl			
Signature	[Electron	<i>ically Filed]</i> Date	e 08	10 2016	