24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
314 Action Fund		C C00633248
Check if 24-hour report	ort Amends report filed	i on Man / Dab / Yayaya
Full Name of Payee Ambrosino Muir Hansen Crounse		Date of Public Distribution/Dissemination
		05 14 2018
Mailing Address 500 Sansome St		Amount
Ste 404		
City State San Francisco CA	Zip Code	70000.00 Transaction ID : VNV4W9WZ7V2
	94111-3218	Date of Disbursement or Obligation
Purpose of Expenditure Non-Contribution Account: Direct Mail	Category/ Type	05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Offic	e Sought: X House District: 48
Keirstead, Hans, , ,	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	70000.00 Disb 2018	ursement For: ✓ Primary General Other (specify)
Full Name of Payee		Date of Public Distribution/Dissemination
Tan Hame of Asyce		M M / D D / Y Y Y Y
Mailing Address		
		Amount
City State	Zip Code	
		Date of Dishursement or Obligation
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate	Support Offic	e Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date		ursement For: Primary General
Per Election for Office Sought	Died of the control o	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	·····	70000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	1 7 1 7 1 7
(c) TOTAL Independent Expenditures		70000.00
(5, 15.1.2	•	70000.00
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.		
Morrow, Joshua, , ,	ically Filed]	M / DID / YIYIYIY
Signature	Date Date	05 14 2018