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

FEC IDENTIFICATION NUMBER	Schedule E)		PAGE 1 OF 1 FOR SE OF FORM 24/48	
Full Name of Payee HINES DIGITAL Mailing Address 6 HOLLIBEN CT State Zip Code Transaction ID: SE.9717 Date of Date of Public Distribution/Dissemination Transaction ID: SE.9719 Date of Disbursement For: Primary Gener PROGRAM ABANDONDED Dispursement For: Primary Gener Dispursement For: Primary Gener Dispursement For: Primary Gener Dispursement For: Primary Dispursement For: Di			FEC IDENTIFICATION NUMBER ▼	
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MACKENZIE, SCOTT B, , ,	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.			
[Electronically Filed] Date 01 22 2020 Signature	[Electronic	cally Filed] Date		